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# Basic Personal Counselling

A training manual for counsellors

7th edition

David Geldard &  
Kathryn Geldard

PEARSON



Reference

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A training manual for counsellors

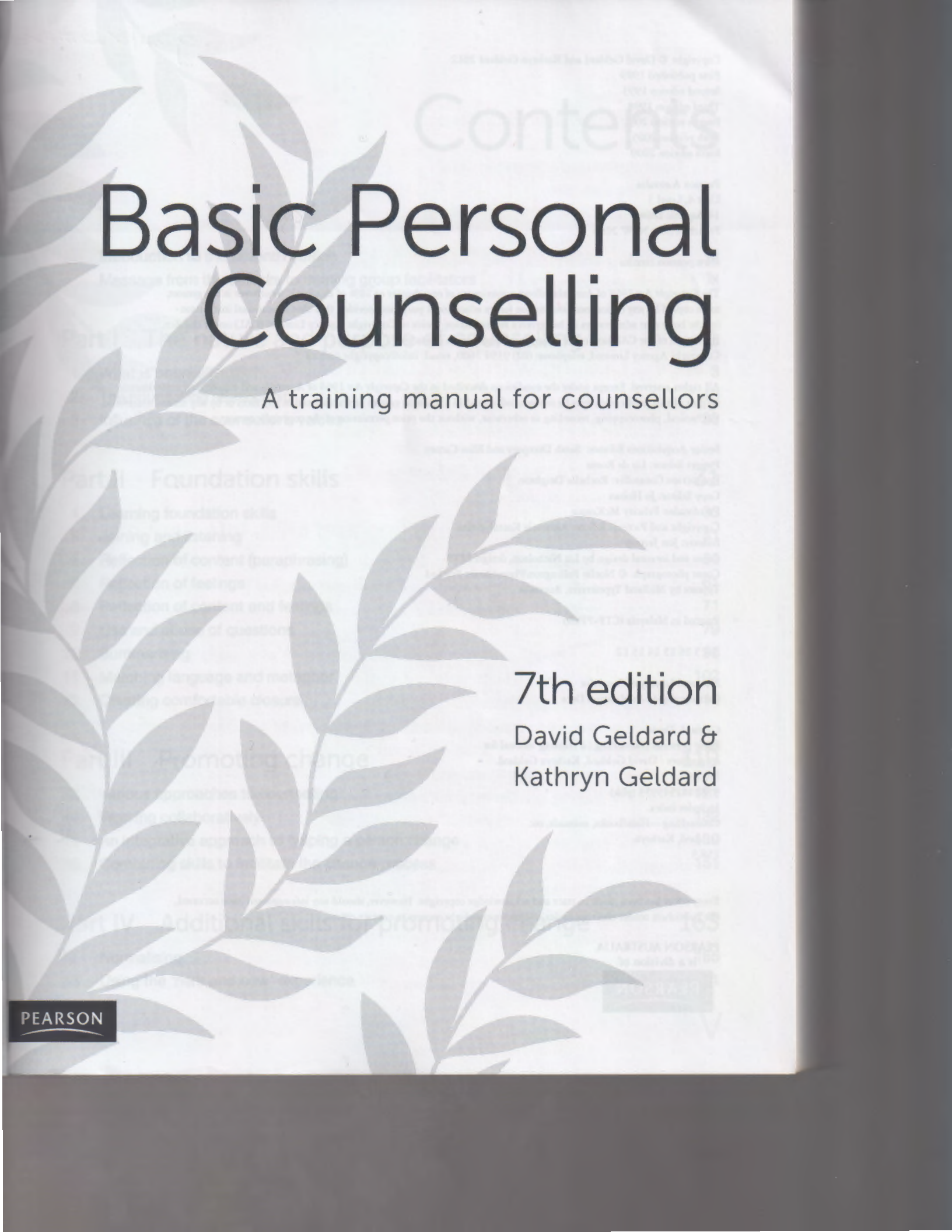
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Kathryn Geldard



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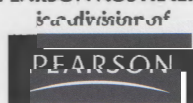
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## INTRODUCTION TO THE SEVENTH EDITION

In Part V we have introduced a new chapter on counselling those troubled by addiction, as in contemporary society there are many people who are troubled by addiction to substances such as alcohol or drugs, and behaviours such as gambling. The counselling processes and skills described in Parts II and IV are generally not sufficient in helping those troubled by addiction. However, the Motivational Interviewing skills described in the new chapter (Chapter 29) may be helpful as an initial step in those situations where a specific program designed to address addiction is not available. We need to stress that addiction counselling is a specialist area and wherever possible a person suffering from an addiction should be referred to specialist help.

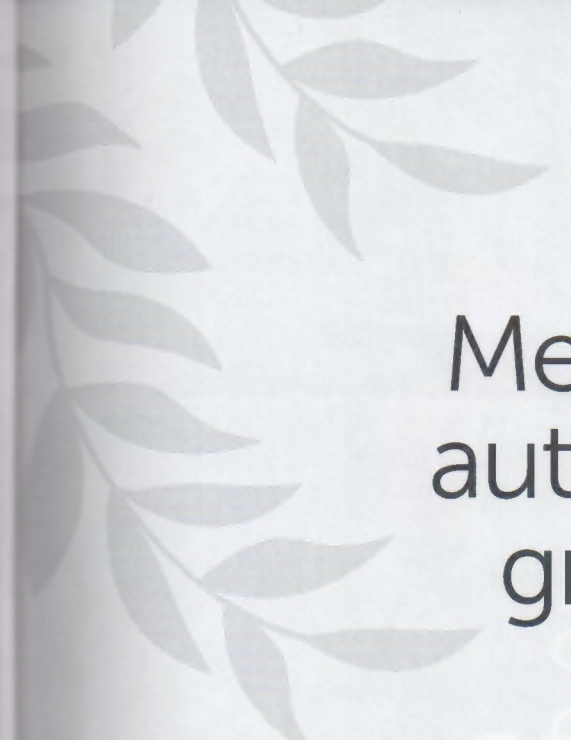
The feedback from trainers and students who have used earlier editions of this book has strongly supported the approach used in those editions. This approach promotes a learning process in which counselling micro-skills are taught in a sequence to enable students to learn foundation skills first and then progressively expand their repertoire of skills by adding to these.

As in previous editions, we have retained an emphasis on the use of an integrative counselling process where skills from a number of therapeutic approaches are combined into a unified sequential process, as explained in Chapters 14 and 15. The use of the various micro-skills has been illustrated through the provision of practical examples.

To make the book more engaging, we aimed to enhance the conversational style of the earlier editions and hope that readers will find this latest edition enjoyable to read and a useful learning resource.

DAVID AND KATHRYN





# Message from the authors to training group facilitators

In this edition of the book we have included a substantial number of additional training group exercises at the end of skills training chapters. We have found these exercises to be useful in our training of new counsellors. However, the exercises need to be facilitated by and conducted under the supervision of a qualified counsellor trainer. It is inevitable that during counsellor training some trainees will get in touch with strong personal feelings related to issues of their own. Consequently, as trainers we need to be vigilant in order to ensure that the training process does not have a negative impact on some trainees. Where necessary, the suggested training group exercises may need to be modified to suit the needs of a particular group at the discretion of the training group facilitator. The trainees should also have ready access to counselling for themselves so that in the event that they are brought in touch with powerful personal issues their needs can be appropriately met.


DAVID AND KATHRYN

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# Part I

## The nature and purpose of counselling





# Chapter 1

## What is counselling?

We, David and Kathryn Geldard, are a husband and wife team who have worked as counsellors, trainers and authors for many years. As we started to revise this book for the seventh edition we asked ourselves the question 'What is counselling?' When we thought about this question we realised that counselling is just one way of helping people, but it is a special way which involves the use of particular verbal, non-verbal and relationships skills in order to facilitate change so that the person being helped can feel better and discover new ways of thinking and behaving.

There are many other ways of helping. Perhaps the most common of these involves giving practical help. In our society there are many people who spontaneously help others in this way. Additionally, there are people who belong to organisations which have been set up to provide help to specific groups such as the elderly, the disabled, and those with physical or mental health problems. Most importantly, there are many occupations—such as nursing, occupational therapy and social work—which involve professionals who are trained to provide or organise practical help for others.

While helping other people in a practical way, many volunteer and professional helpers also make use of some counselling skills as described in this book and also in our book *Counselling Skills in Everyday Life* (Geldard & Geldard, 2003).

## Why do people seek counselling?

You may wish to take a minute or two before reading on to think about this question. If you have at some time in your life gone to talk with a counsellor it might be useful for you to think about what it was that prompted you to make the decision to do this. When we thought about this question ourselves we realised that generally, people who live satisfying and fulfilling lives, and who are not confronted by any particular crisis, do not seek counselling. However, even people who live satisfying and fulfilling lives will at particular times in their lives be troubled emotionally and may seek help. Many people, if not all people, will at some time encounter physical or emotional crises. It is at times like these that people may seek counselling.

It needs to be recognised that people deal with troubling times in their lives in their own unique ways. Some people are very adaptive, and are able to resolve their emotional problems by thinking things through on their own. Other people may talk with a partner, family member or friend. However, there are many people who either have no one to talk to about personal issues or who prefer to deal with their issues by talking to a counsellor rather than someone who knows them well. Sometimes, it may be easier for a person to talk to a counsellor about extremely personal matters than to risk straining a relationship by disclosing intimate personal information to someone who knows them well.

### **People come to see counsellors at times of emotional crisis**

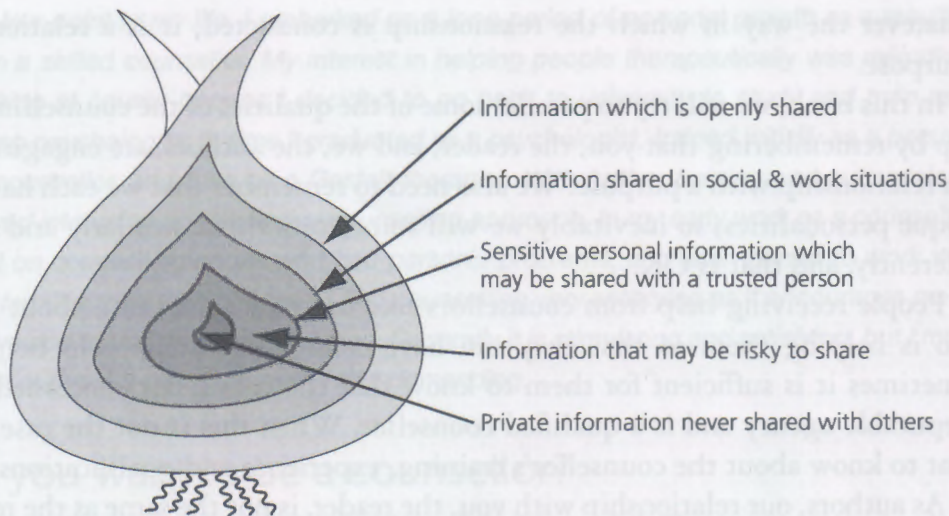
Our personal experience suggests that the most common reasons why people come to see counsellors relate either to relationships or to developmental life changes. Many people experience emotional crisis when they are in a relationship which is troubled, when they have lost a relationship, or when they seek a relationship but are unable to find a satisfactory one. Similarly, developmental life changes frequently cause high levels of stress and emotional distress. Examples of such developmental changes include getting married, having a first child, being promoted at work, and reaching mid-life. Of course, there are many other reasons why people might seek counselling. These include having experienced physical or emotional trauma, being troubled by illness, or having suffered many types of loss.

Clearly, people usually come to see counsellors when they are emotionally troubled and believe that they are unable to solve their problems and resolve their distress without outside help. In coming to counselling, they expect that they will be able to talk to someone else in confidence about their problems with the hope of finding solutions and feeling better.

## Self-disclosure

It is clear that in order for counselling to occur the person seeking help will need to talk about the issues that are troubling them and this will involve self-disclosing





**Figure 1.1** Peeling the onion

information which may not have been shared with anyone else. The metaphor of peeling an onion (see Figure 1.1) can be used to illustrate the way that a person discloses information to a counsellor. The outer layers of the onion represent safe, socially polite information, and the inner layers reflect increasingly personal, more risky topics. As trust develops in a counselling relationship the person seeking help can begin peeling back the layers, revealing increasingly intimate and vulnerable levels of self-disclosure.

Because counselling involves self-disclosure, it follows that the relationship is central to the counselling process.

## Counselling involves a relationship

Good counselling relationships intentionally deepen contact between the person seeking help and the counsellor by creating an environment of safety. However, it's important to remember that self-disclosure can be a difficult and scary process, especially if some of the layers of protection have been added as a result of abuse or trauma. It's very important to respect a person's need or desire for privacy and to allow time for them to self-disclose at a pace that suits them.

Counselling involves a special type of relationship between the counsellor and the person seeking help, and the characteristics of this relationship will be discussed in detail in Chapter 2. Sometimes the relationship is a face-to-face relationship and sometimes it is conducted by phone. Occasionally, a counselling relationship will be a relationship which is limited to writing letters between the person seeking help and the counsellor. In our modern Internet world, this may occur electronically.

**The relationship  
is central to the  
counselling  
process**



Whatever the way in which the relationship is conducted, it is a relationship with a purpose.

In this book, we will try to parallel some of the qualities of the counselling relationship by remembering that you, the reader, and we, the authors, are engaging together in a relationship with a purpose. We also need to remember that we each have our own unique personalities, so inevitably we will sometimes think similarly and sometimes differently, and that is OK.

People receiving help from counsellors like to know something about the person who is helping them so that they can have confidence in the help being offered. Sometimes it is sufficient for them to know that the counsellor concerned works for a reputable agency and is a qualified counsellor. When this is not the case, they may want to know about the counsellor's training, experience and qualifications.

As authors, our relationship with you, the reader, is not the same as the relationship between a person seeking help and a counsellor. However, just as people seeking help want to know something about their counsellors, you may want to know something about us. Much as we would in a counselling session, we will begin by introducing and sharing something about ourselves. Firstly, Kathryn will tell you who she is and how she became a counsellor:

*I started my professional life not as a counsellor but as an occupational therapist. However, my professional interests led me to train to work with young people in a psychiatric setting. As a consequence, I inevitably became interested in psychotherapy and as an occupational therapist focused on working with children and young people who had behavioural and/or emotional problems. As time progressed, I began to realise that my focus had shifted towards counselling. This shift led me to undertake counsellor training and as a result complete a Master's degree and Doctorate in counselling. It is interesting for me to recognise that perhaps the most important thing I learnt during my academic training was that theoretical knowledge on its own does not make a counsellor, and that being prepared to face my own issues in supervision was essential. Now that I have many years experience as a counsellor I am convinced that the most significant attribute needed in counselling is the ability to build a trusting relationship.*

Now it is time for David to introduce himself:

*As a young person I had ambitions to be a counsellor. However, my parents and teachers believed that I was better suited to working with machines than people. I believed them and consequently trained as a mechanical engineer. This was a very bad mistake because I was not suited to engineering. I did however appear to succeed in my job by being able to join with other people who were more competent as engineers than I was! My relationship skills probably saved me from either being demoted or sacked for incompetence! Much later,*



matter greatly what our personal motivations are, it is important that we are aware of these motivations and of the needs of our own that we hope to satisfy. With this awareness we will be better able to avoid letting the satisfaction of our own needs interfere with the counselling process, and with our ability to meet the needs of those who seek our help.

## Purposes and goals of counselling

As counsellors, if we are to meet the needs of those who seek our help we must have a clear understanding of the purposes and goals of the counselling process. Additionally, to be effective counsellors we need to have an understanding of what it means to be effective.

For most people it is not easy to make an appointment and then go to see a counsellor. Although attitudes are starting to change, many people still hold the view that it's a sign of weakness if people need outside help in order to be able to cope with their problems. This tends to make it difficult for those with significant work responsibilities to come for counselling. Such people often believe that, if they admitted to seeking help from a counsellor, their colleagues would think that they were inadequate and not capable of taking responsibility. Consequently, many people are reluctant to seek counselling help unless they are in such a disturbed emotional state that their ability to carry out their normal daily tasks is significantly impaired, and they are no longer able to hide their pain and emotional distress from others.

If we take note of the fact that generally people come to see us in a state of raised anxiety and distress, then we must assume that the central purpose of counselling is to help them feel better. However, just helping them to feel better in the short term is not sufficient. It is not going to be useful if they feel better in the short term only to return to their previous uncomfortable emotional state later. A major goal of the counselling process therefore needs to be to help people change. They need to be able to make changes in the way they think and the things they do, so that they are less likely to repeat patterns of thinking and behaving which lead to negative consequences for them.

### **Effective counselling helps people change**

Judging the effectiveness of counselling is usually subjective and there are clearly two different perspectives—the person seeking help and the counsellor's. It may be that the person seeking help will perceive effectiveness in a different way from the counsellor, so we will invite you, the reader, to spend a few minutes considering first their expectations and then the counsellor's.

## The perspective of the person seeking help

Many people, who are not used to the counselling process, go to counsellors expecting that the counsellor will give them direct advice and tell them exactly what they should



do, so that at the end of the counselling session they can go away having been told how to solve their problems. This is generally not the case. Most experienced counsellors agree that it is usually, although not always, unhelpful to give advice. In fact, in many situations there may be real disadvantages for the person seeking help if a counsellor does try to give advice and provide solutions to problems.

There are several dangers inherent in giving advice. Firstly, human beings are remarkably resistant to advice. Secondly, giving advice may be counterproductive even if the person concerned follows the advice. If the advice turns out to be inappropriate, then quite clearly the counsellor has done the person a disservice and they will not be

impressed. On the other hand, if the advice has positive consequences then there may still be negative consequences in the long term. Instead of having worked things out for themselves, they have accepted the counsellor's advice and may now regard the counsellor as a superior expert who needs to be consulted whenever major decisions are to be made. This is likely to compromise their ability to be self-reliant and to personally make use of adaptive decision-making processes.

We do need to make it clear that there are counselling situations where direct advice by the counsellor is required. For example, in medical emergencies, crisis situations or situations where a person's safety is compromised, quick decisions may be required, and it may be imperative for counsellors to be directive.

If we as counsellors are generally not willing to give advice, then we do need to try to understand what a person is seeking when requesting advice. If we were to ask them, as we sometimes do, 'What would you like to achieve by coming to counselling?', what do you think the answer would reflect? It seems to us that generally people want to feel better emotionally, and in order for this to happen they often believe that they need to find solutions to problems.

If we don't usually give advice, how can we help a person who comes to talk with us feel better? Often, they will feel better just because they have had an opportunity to share their problems with another person who is prepared to listen. This is the most important way in which a counsellor can meet a person's needs, by listening. Additionally, if a person is able to discover for themselves, during a counselling session, better ways of thinking about, responding to, dealing with, and managing the situations and issues that trouble them, then they are likely to feel better. They are also likely to feel satisfied with the outcome, even though they may not have received any advice.

**Encouraging a person to be self-reliant is generally more useful than giving advice.**

## The counsellor's perspective

If we are to be effective counsellors, we need to have a clear idea of our goals. A useful short-term goal is to help the people who come to see us feel better, or at least to



feel more comfortable. In the long term, it is sensible to help a person who comes for help to discover for themselves how to become more self-sufficient, and how to deal with ongoing and future life situations in a constructive way without requiring continual help. It is very much in both their and the counsellor's interests to promote enduring long-term change, rather than to engage in short-term problem-solving. It is important, if counsellors are to feel a sense of satisfaction in their work, that the people who come for counselling change and grow in such a way that they learn to cope, as much as is realistically possible, on their own without seeking more counselling each time a new problem arises. Additionally, a counsellor might be seen to be more effective if change occurs more quickly. However, we need to be aware of the danger of producing short-term transitory change which is not sustainable, and which fails to enable the person to cope more effectively with future crises.

### ENCOURAGING SELF-RELIANCE

It is not helpful for the people who seek help to perceive counsellors as superior experts who have the answers to other people's problems. Such perceptions are undesirable because they disempower them instead of helping them to learn self-reliant ways of behaving. Thus, an important goal for a counsellor may be to help a person to discover for themselves how to become more self-reliant and how to feel confident about their own ability to make decisions. In the long term it is certainly not helpful for anyone to become dependent on a counsellor's advice. It is far better for them to become self-reliant, and capable of making and trusting their own decisions.

**The counselling process can enable a person to be confident in making their own decisions**

As we have discussed, in most situations counsellors don't give direct advice, don't 'problem solve' for the person seeking help and don't seek to produce quick short-term solutions without long-term gain. Instead they do help the person seeking help to sort out their own confusion, and by doing this enable them to discover for themselves solutions to their problems that fit for them. This is an empowering process. Sometimes the counsellor may think that a person's solutions are not the most sensible or appropriate ones. However, it is important for that person to make decisions that are right for them. They can then test their decisions and learn from their own experiences, rather than learning to rely on the 'wisdom' of the counsellor.

### Contracting

From the previous discussion it is obvious that at times there may be a mismatch between the expectations of the person seeking help and those of the counsellor. One way of dealing with this mismatch when it occurs would be to ignore it and just to allow the counselling process to proceed. However, a more respectful approach is



to discuss expectations openly and to agree on a counselling contract that is mutually acceptable.

A counselling contract may include an agreement regarding issues such as those related to confidentiality, general and specific goals, the counselling process, the counselling methods to be used by the counsellor, and issues to be discussed. At the contracting stage we like to make it clear that the person's wishes will be respected with regard to what issues will and will not be discussed. This is very important for some people who may fear that they will be pressured in subtle ways to discuss issues which they do not wish to explore.

Sometimes a contract will involve an agreement to attend counselling sessions at regular intervals; for example weekly or fortnightly for a particular number of sessions, with a review of the counselling process occurring at set times.

## Learning summary

- Most people seek counselling only when they encounter physical or emotional crisis.
- A central feature of counselling is the relationship.
- A counsellor's motivation inevitably influences their effectiveness.
- Expectations of the person seeking help may differ from those of the counsellor.
- Counsellors generally try to empower people seeking help so that they can become self-sufficient and discover their own solutions rather than be dependent on someone else's advice.
- Goals of the counselling process include working with the person seeking help to enable them to discover solutions, and to change their thinking and behaviours, thus empowering them to become self-sufficient and to feel better.

## Training group exercises

### 1. Establishing training group rules

Brainstorm in the whole training group with regard to rules which will enhance group participation and individual learning. The rules might relate to issues such as confidentiality, being non-judgmental, respect, validation of others' points of view, safety, trust, rights and responsibilities.

### 2. Group participation to enhance learning

Working individually, write down answers to the following questions:

- What can I do to enhance learning within the group?



**PART I** The nature and purpose of counselling

- What would I like other group members to do to enhance group learning?
- What would I like the group leader to do to enhance group learning?

When you have completed this task discuss your answers with the other members of your training group.

**REFERENCES AND FURTHER READING**

Dryden, W. 2006, *Counselling in a Nutshell*, Sage, London.

Geldard, K. & Geldard, D. 2003, *Counselling Skills in Everyday Life*, Palgrave Macmillan, London.

**ENCOURAGING SELF-RELIANCE**

As the group leader, you will need to encourage self-reliance in your group members. This can be done by encouraging them to take responsibility for their own learning and to support each other in the group.

One way to do this is to encourage them to set their own goals and to monitor their progress. You can also encourage them to share their experiences and to learn from each other.

Another way to encourage self-reliance is to encourage them to take on more responsibility for the group. This can be done by encouraging them to lead discussions and to make decisions about the group's activities.

Finally, you can encourage self-reliance by encouraging them to be self-reflective. This can be done by encouraging them to think about their own learning and to evaluate their progress.

By encouraging self-reliance, you can help your group members to become more independent and to take more responsibility for their own learning.

Encouraging self-reliance is an important part of the group leader's role. By encouraging self-reliance, you can help your group members to become more independent and to take more responsibility for their own learning.

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# Chapter 2

## The counselling relationship

You may not be surprised to learn that most counsellors believe that the effectiveness of counselling is highly dependent on the quality of the relationship between the person seeking help and the counsellor. This belief has been strongly supported by many research studies, so we can confidently say that the quality of the counselling relationship has a major influence on the extent to which counselling results in successful outcomes.

Before reading on, perhaps you, the reader, would like to spend a few moments thinking about what sort of counselling relationship you would like if you were seeking help.

### Desirable qualities of the counselling relationship

It is obvious that the relationship between the person seeking help and the counsellor is dependent on the counsellor's personality, beliefs, attitudes and behaviours. These personal characteristics of the counsellor are certain to influence the relationship they have with the person seeking help.

Many years ago Carl Rogers identified a number of counsellor characteristics that he believed were important in a counselling relationship. He described these in his book, *Client-Centered Therapy*, published in 1955. Interestingly, some time after writing the book, Rogers preferred to call his approach '*person-centred counselling*', because he



placed a very strong emphasis on the need for counsellors to think of those who seek their help as people rather than as impersonal entities. He saw the relationship between the person seeking help and the counsellor as a person-to-person relationship. In such a relationship the person seeking help was respected and valued. Rogers' ideas are still relevant today and in particular his understanding of what is required in a counselling relationship is both powerful and useful. In his 1961 book, *On Becoming a Person*, Rogers emphasised what he believed were three necessary and sufficient qualities of the counselling relationship for effective outcomes. These were *congruence*, *empathy* and *unconditional positive regard*. He also believed that people have within themselves the ability to find their own solutions. This demands that the counsellor show respect for the competence of the person seeking help.



Figure 2.1 What is good and what is not so good in this picture?

Many authors have suggested that an effective counselling relationship should involve more than the presence of Rogers' three necessary and sufficient conditions. For example, David Howe (1999) describes desirable counsellor qualities and characteristics as including being *warm*, *supportive*, *attentive*, *empathic*, *understanding*, *clarificatory*, *helpful*, *purposive*, *involved*, *collaborative*, *sensitive* and having *good rapport*.

It has to be recognised that good human relations alone are not necessarily sufficient to produce effective counselling outcomes. As suggested by Gerard Egan (1994) skill, and an active, methodical, pragmatic approach are also necessary.

It is clear that the counselling relationship is complex, and that it depends on the counsellor's personal qualities and the way the counsellor behaves as they interact with the person seeking help.



## Desirable counsellor qualities when using an integrative approach

We believe that for an effective counselling relationship to be achieved, counsellors using an integrative approach should strive to be:

1. congruent
2. empathic, warm and sensitive with good rapport
3. non-judgmental with unconditional positive regard
4. attentive, understanding and supportive
5. collaborative and showing respect for the person's competence
6. proficient in using counselling skills purposefully.

We will now discuss items 1 to 4 on the above list. However, because of the strength of research evidence regarding the usefulness of being collaborative and proficient in using counselling skills, we are devoting a complete chapter (Chapter 14) to discussion of these topics.

### 1. BEING CONGRUENT

To be congruent the counsellor must be genuinely themselves, a complete, integrated and whole person. Everything about the counsellor as a person must ring true. For example, there is only one David Geldard, even though he has a variety of roles. He is a husband, father and grandfather, a counsellor, a friend, a patient, a customer and a trainer, in addition to many other roles. It is clearly true that there are differences in the way that he behaves in each of these roles, and in different situations. While he is playing with a child he is happy to romp around on the floor, and when he is attending a professional meeting of counsellors he prefers to behave in a more formal way. However, in both situations he has a choice. If he chooses, he can be an actor playing a role or he can in the fullest sense really be himself. He can either stay fully in contact with himself as a person and be genuine, without the need to change, or, if he chooses, he can disown parts of himself, wear a mask, and pretend to be different from who he really is. Similarly, as a counsellor he could pretend to be an expert who has all the answers and no vulnerabilities, or he could throw away his counsellor mask and be true to himself, a real person complete with strengths and weaknesses. When a person comes to see him in his counsellor role, then two people meet. It is a person-to-person relationship. For the person to feel valued, David as counsellor needs to be congruently himself, meaning genuine in all regards. If this happens, then the relationship will be enhanced and the counselling process is likely to be more effective.



Each time David enters a counselling relationship he brings with him the part of himself that is a parent, the part of him that is a professional counsellor, the part of him that is childlike and likes to have fun. He also brings the serious side of himself. He is, within his own limitations, genuinely himself and tries to avoid pretending to be different from his real self. Naturally, when working as a counsellor he makes use of those parts of his personality that are most relevant in the counselling relationship, and other parts of him may remain out of sight. These are not deliberately concealed, but are available only if they can be appropriately used.

Some time ago David ran a group, and in that group were two of his personal friends. These two people had never seen him as a counsellor before but had known him only as a friend. After the group, one of them said to him, 'I was really surprised because in the group you were the counsellor, but all I saw was the person that I had always known, and I expected to find someone different'.

**Congruence  
involves being  
genuinely  
yourself**

A similar situation occurred when a lecturer friend of ours at our local university was teaching counselling skills. One of the students, early on in the course, said to the lecturer, 'How about you show us how you counsel by giving us a demonstration? You've been teaching us counselling micro-skills, but you've never actually sat down in front of us and demonstrated how to counsel'. The lecturer readily agreed, sat down and, as counsellor, helped a young student to resolve a difficult and painful issue. After the session was over, the student who'd asked the lecturer to give the demonstration seemed to be amazed and delighted. She said to the lecturer, 'You know, I really can't believe it. It was just as though you were being yourself, and Irene [invented name] and you were talking together like friends'. Yes, that's how it was; the lecturer was being totally congruent and was relating to Irene as she related to other people in her daily life, as a real person. Of course, it wasn't quite the same, because in daily life we generally behave as though our own needs are equally as important as other people's needs, whereas in a counselling relationship the counsellor focuses on the needs of the person seeking help rather than their own. After all, the counselling situation is not the appropriate place for a counsellor to work through their own problems; rather it's the place where the central focus is on the person seeking help.

**Self-disclosure**

We believe that being congruent may sometimes require a counsellor to be willing to self-disclose a limited amount of personal information, as otherwise the person seeking help may not feel valued as an equal in the relationship. Having said this, we acknowledge that there is inevitably to some degree a lack of equality in a counselling relationship, because the roles of the person seeking help and the counsellor are different. However, this inevitable lack of equality can be minimised if the counsellor

counsellor characteristic that he identified as necessary. This is what he called 'unconditional positive regard'. This involves accepting the person seeking help completely, in a non-judgmental way, as the person they are, with all their frailties and weaknesses, and with all their strengths and positive qualities. Having unconditional positive regard doesn't mean that I agree with or accept their values for myself, but it does mean that I accept them as they are now, that I value them as a person, am non-judgmental about their behaviour, and do not try to put my values onto them. I consequently enable them to feel free to be open in exploring their inner processes without censoring them for fear of criticism. This gives them the best opportunity for increased personal awareness and consequent personal growth.

Unconditional positive regard isn't always easy to achieve, and sometimes it is just not possible. However, attempting to achieve it is an excellent goal, as when it is achieved counselling outcomes are more likely to be effective. The first step in attempting to achieve unconditional positive regard is to try to see the world through the eyes of the person seeking help. By doing this we are better able to understand their motivations and to be more accepting of their behaviour. The longer we have been counsellors, the more convinced we have become that even the most terrible behaviour is often understandable if we first understand the world that the person lives in and has lived in. We try to take the view that inside every person, behind the facade that the world sees, there is somebody who has the potential to be a good, creative, loving person. We are rarely disappointed by this expectation.

**It can be helpful to remember that most people are doing the best they can**

By caring for each person who talks with us as we would like to be cared for ourselves, we are better able to be accepting and non-judgmental. We are not going to pretend that this is easy, because sometimes it isn't. On occasions in counselling sessions a person will discuss their behaviours, beliefs or attitudes in ways that conflict with, or are offensive to, our own value systems. At these times, it is really hard for us to be non-judgmental and also to remain congruent, but it is a goal that we strive for. We have found that if we are able to see the world from their perspective without judging, then they are more likely to feel safe in being open and honest with us while exploring troubling issues. Our belief is that, by being as non-judgmental as is possible, we maximise the possibility that the person we are helping will feel free to fully disclose important information, and we increase the likelihood that they will make positive changes. Only by being non-judgmental can we expect to earn the total trust of a person and to really see the world in the way they do. Unfortunately, when we can't do this, and sometimes we can't, we may fail to facilitate change effectively because the person in question will not perceive us as accepting and understanding of them.



Clearly, being non-judgmental and accepting those we aim to help with unconditional positive regard is not easily achieved. Moreover it will be very difficult for us to create the relationships we need to have and to be non-judgmental unless first we are very clear about who we are and what our own values are. If we have not sorted out our own value conflicts, then there is a risk that our own confusion will interfere with our ability to focus on the other person's confusion, and we may inadvertently end up using a counselling session to resolve our own conflicts rather than the other person's. To get a better understanding of our own values we have had to explore them, to scrutinise them and to question them. We have needed to carefully consider different values from our own and to understand where our feelings about those different values come from. This is an ongoing process that will never be finished. We have found that when we have had extremely polarised views, this has sometimes been because we have been afraid to look at the opposite point of view and to seek to understand it. Through sorting out our own value system, understanding ourselves better, and consequently being less threatened by views diametrically opposed to ours, we are better able to take a non-judgmental attitude towards people who have very different values from ours.

#### **4. BEING ATTENTIVE, UNDERSTANDING AND SUPPORTIVE**

In our view, although the characteristics described previously are highly desirable, they are not of themselves sufficient to ensure that counselling is as effective as it can be. As will be discussed in this and the following paragraphs, the counsellor also needs to be active. One of the most important ways that a counsellor can be active is to be attentive. This involves deliberately and intentionally listening to what the other person is saying. The counsellor needs to get on the same wavelength as them; not only to hear the words spoken but also to gain a deep understanding of their story and their view of their world. While actively listening, it is important for the counsellor to be able to let the person seeking help know that they are understood. Wherever possible and appropriate the counsellor needs to demonstrate and communicate their understanding and support so that the person really does feel as though the counsellor has joined with them and is walking alongside them in their exploration.

### **Importance of the counselling relationship**

In this chapter we have discussed the counselling relationship, and have explained how that relationship is important in providing a trusting, caring environment in which the person seeking help will feel free to share in the most open way possible. The attributes of congruence, genuineness, warmth, empathy, unconditional positive regard, together with trust in the competence of the person seeking help, are extremely important if a counsellor is to be fully effective. A counsellor needs to walk alongside the person seeking help and to be with them in a very real sense so that they experience

a feeling of togetherness. The precise words the counsellor uses are less important than the ability to form a meaningful relationship with the person and to listen intently to what they are saying. An effective counsellor listens more than talks, and what they do say gives the person seeking help a sense of being heard and understood. The counsellor's role involves helping the person seeking help to explore their world and thus to make sense out of their inner confusion. It is not the counsellor's role to choose the direction in which a person moves, but rather to provide the environment in which they can best decide where to go. The counsellor accompanies them on their journey of exploration, working collaboratively with them by purposefully making use of counselling skills within a process that facilitates change.

We suggest that as a counsellor, you allow those you seek to help to go where their current energy is taking them rather than trying to lead them in particular directions. When they have learnt to trust you, and to know that you will listen to what may appear trivial, then they will feel safe enough to venture towards the real source of their pain.

**If you stay  
with what may  
appear trivial, the  
important will  
emerge**

You may by now have come to the conclusion that counselling is a terribly serious process. It often is. It is also a process that can give a great deal of satisfaction to the counsellor, and there are even times when counselling can be fun. Do you have a sense of fun? We certainly do, so we enjoy bringing our sense of humour into the therapeutic environment when that is appropriate. Don't fall into the trap of thinking that counselling is always a deadpan, heavy and serious process. It may not be. As counsellors we are real people and need to be congruent. Each of us needs to be able to bring all of ourselves into the counselling relationship, and to use those parts of our personalities that can add richness to the therapeutic encounter whenever possible.

## Learning summary

- Important qualities in a counsellor include congruence, empathy, warmth, sensitivity, rapport, unconditional positive regard, being active, attentive, understanding, supportive, having respect for the competence of the person seeking help, and being proficient in the use of counselling skills.
- Congruence means being genuine, integrated, and a whole person.
- Being empathic means joining with the person so that there is a feeling of togetherness.
- Unconditional positive regard involves accepting the person non-judgmentally as someone of value, regardless of strengths and weaknesses.
- Counselling is usually a serious process but can legitimately involve humour.



## Training group exercises

### 1. Who am I?

Sit quietly for a while without talking to other members of the group. Think about how you see yourself, and how you would describe yourself to someone who doesn't know you.

When invited by your group leader, choose a partner (preferably someone you don't know), tell them about yourself and invite them to tell you who they are. In discussion with your partner decide whether it is OK or not to share any of the information you or they have disclosed with the whole training group. Respect your partner's wishes if they want to withhold information from the whole group.

When invited by your group leader, in the whole training group, discuss the experience of sharing about yourself with someone else. Also you might wish to discuss anything you may have learnt about yourself as a result of the sharing exercise.

### 2. Reasons for deciding to train as a counsellor

Sit quietly for a while without talking to other members of the group, and think about why you've decided to train as a counsellor. Complete the following sentences:

- I want to be a counsellor because ...
- My goals as a counsellor will include ...
- I think that I will make a good counsellor because ...
- To be a good counsellor I may need to change ...

When invited by your group leader, discuss your answers with your training group.

### 3. Natural helping skills

Work in pairs with one student being the counsellor and the other the person seeking help. The person seeking help should talk about a real personal issue that is a nuisance to them but not of a serious nature. The counsellor should use their natural helping skills to respond to the person seeking help in whatever way they wish. Finish this conversation within a maximum of 10 minutes and then join the whole training group.

In the whole group discuss the experience as either the person seeking help or the counsellor. The group discussion might include, but not be limited to:

- what counsellor behaviours and responses were found to be useful and what were not
- what you might say, what you might do, and how you might behave, in order to help a person feel comfortable to talk to you about a sensitive personal issue



what you would like if you were talking to a counsellor. This might include the way you would like the counsellor to relate to you and behave, and what you would want the counsellor to do or say that you think might be helpful for you.

When invited by your group leader, discuss your answers with the whole training group.

#### REFERENCES AND FURTHER READING

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# Chapter 3

## Influence of the counsellor's values

In Chapter 2 we discussed the need for counsellors to try to be non-judgmental. Can you imagine what it would be like if you were talking to a counsellor about troubling issues and as you were talking you formed the impression that they were disapproving of you or of what you were saying? We suspect that in such a situation you would feel inhibited and might decide that it was not wise to continue talking openly with this counsellor. Alternatively, can you imagine what it would be like for you if the counsellor seemed to be troubled by what you were saying and was questioning whether your values and beliefs were acceptable? Once again, we suspect that you might feel uncertain about continuing to disclose information. Clearly, there is a risk that the counselling process will be compromised if a counsellor appears to be judgmental.

Sometimes it is very hard not to be judgmental. We have found that it is especially hard when we are confused or not clear about our own values or beliefs. When we are not clear about these we find that it is harder not to be disapproving, or we get distracted by spending time thinking about our own values and beliefs instead of attending to the other person. It is therefore important for counsellors to know where they stand with regard to their own personal values and beliefs.

Sometimes a counsellor's values and beliefs will match those of the person seeking help, but often they will not. If we are to be able to help people with different values

from ours, then we need to understand their world in the context of their value system and not ours. If we are not able to do this, then we will not be able to join empathically with the person seeking help and what we say to them will be likely to jar, confuse or create a barrier between us. At worst, we might get into an argument about values instead of helping the person to sort out their confusion!

We have no right to try to impose our values onto those who seek our help. However, we believe that there are times when it is appropriate for us, as counsellors, to be open about our values in order to be congruent.

If we have a clear understanding of our own values, we will have additional inner strength. We will not need to be defensive in trying to justify our values; they are ours and they will stand in their own right without the need for justification.

**We need to be  
clear about our  
own values**

If we don't understand and know our own values, we may well be trapped into trying to discover what they are during a counselling session. Instead of being able to concentrate on seeing the world through the other person's eyes, we may be distracted by trying to sort out our own confusion. Questions such as 'Is this morally right or wrong?' may trouble us and prevent us from joining the person who is seeking help in their struggle to work out what is right for them.

**People can change through an open exploration of  
their issues**

The more we work as counsellors, the more strongly we believe that most people are naturally well-intentioned, caring of others, socially responsible and capable of giving and receiving love. When we meet someone who seems to be nasty, we almost always, as we get to know them better, recognise the damage that has been done to them by past life experiences. As counselling proceeds we usually notice changes occurring as that person comes to terms with past experiences. It is as though a plant that looked like a thistle is changing into something more attractive. With this belief we do not need to try to convince others to accept our values; we just need to understand them better and to help them understand themselves better by providing the opportunity for them to openly explore the issues that trouble them, in a safe environment.

We have a friend who trained as a Christian priest who told us that while at university an agnostic lecturer told him that arguments from strongly evangelical Christian students never threatened, or made him question, his agnostic beliefs. However, this lecturer found that our friend made him think about his agnosticism. Rather than confront the lecturer with a different point of view, my friend respected him enough to accept him as he was and tried to see the world through his eyes when he talked with him. Our friend knew clearly what he himself believed and openly owned his beliefs but did not push them onto his lecturer or attack his lecturer's position. As a



consequence, he was able to join with this lecturer in a way that allowed the lecturer to explore different ways of thinking in safety and without feeling pressured. Although the lecturer did not change his beliefs, he had the opportunity to expand his thinking so that his relationship with our friend was enhanced as they gained a better understanding of each other.

## Being non-judgmental isn't easy

As children, our values and beliefs are initially those of our parents and significant others such as teachers. It is appropriate that as young people we accept without question the values and beliefs of those adults who are important in our lives. To use a Gestalt therapy concept, these values and beliefs are swallowed whole. In Gestalt therapy, they are said to have been introjected and are called *introjects*. As we grow up our values and beliefs will change as we accept some of our earlier values and beliefs but modify others in the light of our own experiences. Clearly though, our values and beliefs are likely to be influenced by both the cultural background that we grew up in as children and by the contemporary culture of the societal group that we live in. As counsellors we are therefore certain, at times, to work with people who may have quite different values from our own.

Being non-judgmental is not so easy at times. Counsellors are inevitably faced with situations at times where the values of the person seeking help will strongly conflict with their own. When this happens, it is easy for the counsellor to become emotionally aroused by the fear of threat to their own value system.

The first step in dealing with a values conflict between yourself and another person is to recognise it. You will probably be able to do this fairly easily if you are alert to the warning signs of a values conflict emerging. The most likely warning sign is to notice your emotions rising. This is what commonly happens in everyday life when someone expresses values or beliefs that conflict with our own. If you feel your body tensing, or other bodily symptoms of arousal, then stop and think. Ask yourself, 'What is happening?' Check out whether your values are being challenged. Similarly, if you find that you are starting to disagree with the person seeking help, or even argue with them, you should stop and think, to work out whether or not you are involved in a values conflict.

## Owning your own value system

It is not going to be helpful to a person seeking help for a counsellor to deliberately try to change their point of view. As has been emphasised, effective counsellors join with the people who seek their help and try to see the world as they see it. When you sense that you are encountering a values conflict, then you need to make a choice by asking yourself, 'Can I put my own values to one side in order to join with this person or not?'

If the answer is 'Yes', then counselling can proceed. If it is 'No', then to be fair to the person you will need to tell them that, while you respect them and their right to have a different point of view, you have different values with regard to the issue in question. If you feel able to do so, it will be useful for you to explain that you are not saying that your values are better or worse than their values; they are just different because you are two different people. You can then offer them the option of continuing to talk with you if they wish, or of talking to someone else. If the person wants to talk with someone else, then it is best to refer them to someone who may be able to meet with them on their own value-ground.

**Value the person** Sometimes you may recognise an important difference in values between the person seeking help and yourself, but will feel able to put your own values to one side while counselling and suspend judgment.

When this happens you may need to continually remind yourself to imagine you are the other person, with their world view. When your own values start intruding on the counselling process, recognise this, and once again focus on the other person's perspective. If you are able to stay fully tuned in to their thoughts and feelings, your counselling will be more likely to be effective. Moreover, you will be more likely to be successful in putting your own values to one side so that they remain intact as part of you.

## The need for supervision

As discussed in Chapter 40, all counsellors have an ethical responsibility to receive regular supervision from a supervisor who is a trained and experienced counsellor. This is a requirement not only during training but also throughout a counsellor's professional career.

Whenever a values conflict interferes with your counselling work, it is important for you to talk with your supervisor about the issues involved. By doing this you will minimise the possibility of future situations where the effectiveness of your counselling might be adversely affected by the particular value in question. Hopefully, if you fully explore the relevant issues, you will be able to work with people who hold very different points of view from yours without your values influencing the appropriateness of your counselling responses.

As discussed, if you are fully aware of your own values, you will be more likely to be able to help people who hold different values.

## Knowing your values

How can you, as a new counsellor, know what your values are? There are so many areas in life where values are important that it is impossible in training to cover all value-laden situations. Inevitably some of these will emerge during counselling sessions.



Counsellors have to continually address new issues. Even so, it is possible in training to examine some commonly encountered situations or beliefs where values are of importance.

One way of clarifying some of your values is to participate in the values clarification exercise which is included in the group training exercises below.

## Learning summary

Counsellors need to know their own beliefs and values so that:

- > they can respect the values of the people who seek help
- > they are not distracted during counselling by trying to sort out their own values.

Counsellors have no right to try to impose their own beliefs or values on the people who seek their help.

Whenever a values conflict interferes with your work, consult your supervisor.

## Training group exercises

### 1. Values clarification exercise

The group facilitator can start by labelling one end of the training room 'agree' and the other end 'disagree'. They can then choose a selection of statements from the list below and read them out one at a time. After each statement is read out, those trainees who wish to participate in the exercise can be invited to place themselves in the room in a position that indicates the extent to which they agree or disagree with the statement.

Before the exercise begins it must be explained that participation is optional. Those trainees who do not want to participate in the exercise or who do not want to disclose their response to a particular statement should move to one side of the room where they are able to observe without participating.

While those trainees participating in the exercise are standing in their chosen positions in response to a particular statement, they may be encouraged to discuss, if they wish, the reason for their choice of position. This discussion might include information about why they have chosen to stand in a particular position and how comfortable or uncomfortable it is to be either standing alone or near other members of the group. However, it is essential to respect the right of individuals to stay silent, and/or not participate in this exercise, as otherwise some members of the training group may find the exercise too confronting.

Group members need to remember that we are all unique individuals and different from each other. In view of this, we can accept that in some ways your values will



probably be similar to ours, and in some ways they will be different. We are comfortable with that. Are you?

After completion of the exercise the group can be invited to discuss the experience and to identify any implications with regard to counselling.

### **Statements for values clarification exercise**

**Warning!** Some of the statements that follow are intentionally provocative and may offend. Many of them are statements of belief rather than value statements. However, our values are determined by our beliefs, so in determining our values it's important to also consider beliefs.

- Termination of pregnancy is a woman's right.
- Men are entirely to blame for domestic violence.
- Guns don't kill; the people who fire them do.
- People from other ethnic groups should be treated with suspicion.
- With modern contraceptive methods, sexual fidelity is no longer necessary or desirable.
- Censorship is socially necessary.
- Delinquency is due to parents being too permissive with their children.
- When a marriage breaks up, there are always faults on both sides.
- Marijuana should be legalised.
- Welfare benefits are too high.
- If a person has an affair, their spouse should forgive them.
- People who have had psychiatric treatment are not suitable for leadership positions.
- Lying is sometimes justifiable.
- Anyone can get a job if they try hard enough.
- Alcohol gives pleasure more frequently than it creates problems.
- Alternative medicine is more useful than conventional medicine.
- It's a good idea to build large concrete dams.
- Killing people is always wrong.
- De facto relationships are a sign of an enlightened society.
- Children who receive sex education are more likely to be promiscuous than those who don't.



Every person should make up their own mind about what is right and what is wrong.

Hospital births are better for babies than home births.

Smacking children should be illegal.

It's acceptable for a 14-year-old to have sexual intercourse.

Children are better off in child care than with their mothers.

We need fewer laws and more freedom.

Most people are intrinsically good.

## 2. Influence of past events on values

In this exercise, trainees are invited to work individually and to take one of the statements used in the previous values clarification exercise that they responded strongly to. They should explore how past or recent events and early influences in their life contributed to a strong position (either strongly agree or strongly disagree) on this particular issue.

For example, a person who strongly agrees with the statement 'people can be too honest' might have been influenced by the experience of being punished as a child when they shared truthful (but perhaps unsavoury) information about a parent in public.

Some trainees may find this exercise stirs up troubling feelings. Even though this may be better discovered in a learning environment than when counselling, any person who is troubled should be given the opportunity to drop out of the exercise and, if appropriate, encouraged to seek counselling help.

Next, the trainees can be invited to find a partner and to share as much as they feel comfortable with about their position on their chosen statement.

Finally, working in the whole group the trainee's experiences of the exercise can be explored. The following questions might be used to generate discussion:

What was it like to examine the origins of their values?

How would participants respond if they discovered a person who was seeking their help shared a different or the same belief or value?

## 3. Self-disclosure exercise

Referring to Figure 1.1, 'Peeling the onion' (page 5 of this text), the trainees can be invited to discuss their level of self-disclosure in the previous exercise and the reasons behind this. The discussion might be extended to lift out what participants might need in order to be able to reveal increasingly intimate information. This discussion can be related to counselling and the counselling relationship.

### FURTHER READING

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# Part II

## Foundation skills

# Chapter 4

## Learning foundation skills

When we started to write this chapter it was interesting for us to discover that we had some common ideas and beliefs about how to learn to be an effective counsellor, and we also had some differences in emphasis. We realised that it is important for us to recognise that we are all unique individuals and that we each have our own preferred ways of learning. For David, learning to become an effective counsellor was a long process. During this he was exposed to and absorbed ideas about counselling by undertaking an approved course of study, participating in practical training, and by having regular and ongoing contact with the supervisors of his counselling practice. Additionally, he learnt through his own personal experiences when he sought counselling for himself, and through contact with other people who had sought counselling help. Although he did read counselling textbooks he didn't find them the most useful way for him to learn. Instead he placed a much higher emphasis on experiential learning. Kathryn's learning process was similar in some ways as it also included a significant amount of experiential learning. However, a major difference was that she placed a high value on information obtained through reading and recognised that information obtained in this way had significantly influenced her counselling style and effectiveness.

After discussing our similarities and differences we recognised that we are all unique and that there are several different ways to learn counselling. For example, a learning process might include reading,

**Use the learning  
process that suits  
you best**



attending lectures, observing trained counsellors as they work, and engaging in experiential learning by practising counselling skills under supervision and receiving feedback. Clearly, a combination of all these methods is advantageous, provided we recognise that there are individual differences in learning styles, and encourage each person to seek a learning process that places an emphasis on the learning style that is the most effective for them.

Learning counselling is also complicated by the reality that there is not just one model of counselling; rather there are many different models. Common models include Person-Centred Counselling; Gestalt Therapy, Cognitive Behavioural Therapy and Narrative Therapy, among others. These are discussed in Chapter 13. Consequently an essential part of counsellor training involves learning the counselling skills appropriate for the preferred counselling model of your choice. However, we both agree that before focusing on a particular counselling model, the best way to learn counselling is to start by learning what we call *foundation skills*. These include the processes and micro-skills described in this part of the book. We call them *foundation skills* as they provide a foundation on which to build additional specialised skills appropriate to particular models of counselling.

Learning counselling skills is only a part of the process required to become a professional counsellor. Becoming a counsellor involves fulfilling the requirements of the professional organisation of the country or state in which you reside. In Australia, where we live and work, there are at the time of writing two professional bodies—these are the Psychotherapy and Counselling Federation of Australia (PACFA) and the Australian Counsellors Association (ACA).

In some ways counsellor training is never finished; as counsellors ourselves, we both place a high value on ongoing supervision of our work by another counsellor. This is required by PACFA and the ACA as it is essential in order to maintain professional standards (see Chapter 40).

## We all have natural counselling skills

When learning to become a counsellor it can be useful to ask yourself whether you have in the past unconsciously made use of your natural ability to help people. Have you ever comforted a child who was crying? Have you ever spent time sitting quietly with a friend who was distressed? Have you ever listened to somebody who was faced with a dilemma, and who did not know what to do? My guess is that you have done all of these things. If so, you have on some occasions in your life acted in a natural way to help a friend, a relative, a child, or maybe even someone you met casually.

What was the most important thing you did in these situations? Was it just to let the person know that you cared enough about them to listen to their problem and



to be with them in their distress? It probably was. If it was, then you were taking the first step in the process of becoming a counsellor. **Actively listening enhances the relationship**

Counselling can be seen as an extension of what we all do naturally in our relationships with others when they are experiencing emotional pain. However, counsellor training not only enhances natural counselling skills but also supplements these with additional skills and processes to enable the counsellor not only to listen but also to be capable of helping the other person to discover how to change so that they can feel better and be better equipped to face future challenges.

## Counselling micro-skills

In Chapter 2 we considered the importance of the counselling relationship. Certainly the relationship is central in counselling as it is the foundation on which the counselling process develops. The counselling process is also reliant on the use of a number of individual counselling skills. A new counsellor needs to become proficient in the use of these, as when used appropriately they greatly enhance the quality and effectiveness of the counselling process. Conversational skills used by counsellors have been analysed, with the result that small elements of useful verbal counselling behaviour have been identified. These are known as counselling *micro-skills*.

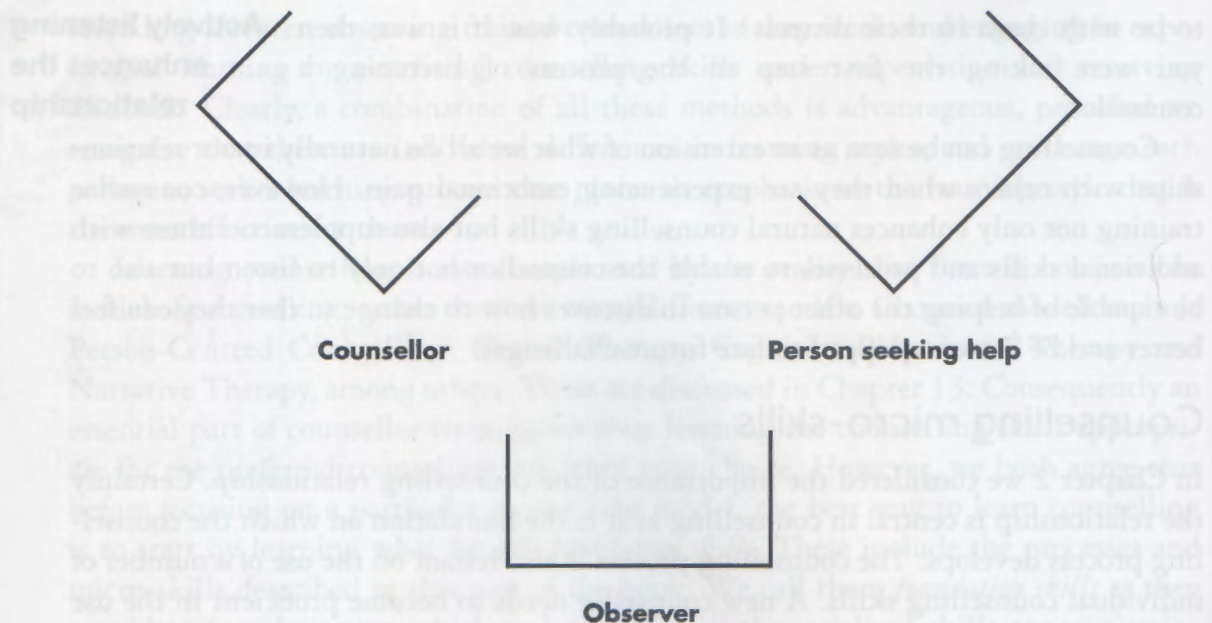
Each of the micro-skills can be learnt individually. However, be warned: a trainee needs to remember that counselling competence seems initially to diminish after each input of micro-skill training. This is because the trainee inevitably concentrates on using the new skill, rather than on building and maintaining the relationship. Also, the trainee isn't able to behave naturally when using a new skill until that skill is fully mastered. Once the skill is fully mastered it becomes a natural part of the counsellor's way of relating with the person seeking help, and counselling effectiveness is considerably increased.

## Learning in triads

In the following chapters, each of the micro-skills will be explained. After reading each chapter, it will be best if you practise the relevant micro-skill in a group setting. The usual way to do this is in a triad, or a group of three students. One student takes the role of counsellor, a second student takes the role of the person seeking help, and the third student takes the role of observer.

Here are some suggestions about how to work in triads. Set the room up with the chairs facing each other as shown in Figure 4.1, so that the person seeking help faces the counsellor and the observer watches both.





**Figure 4.1** Chair arrangement for face-to-face counselling practice

### THE USE OF GENUINE PERSONAL PROBLEMS

If counsellor training is to be most effective, then the person seeking help in the triad needs to present a current and real personal problem of their own. Sometimes we have met students who have told us quite emphatically that they did not have such a thing as a personal problem, and we have found that difficult to believe. We doubt whether there are any people in the world who have no personal problems of any sort. In our experience, whenever people have said to us that they don't have any personal problems, we have discovered later that there have been areas of their lives that they were unwilling to discuss, or that they had blocked off and were afraid to venture near. However, we can understand why many trainees worry about using real problems. There are a number of reasons for this, including the following:

1. The worry may be related to a lack of trust in other members of the triad, leading to feelings of vulnerability associated with self-disclosure. The trainee may think, 'They won't respect me if they find out about the things that trouble me'.
2. Unfortunately trainee counsellors frequently believe that they will not be accepted as counsellors if they disclose some of their personal issues. Our response to this is to say that as counsellor trainers we prefer to work with trainees who are able to own and address their troubling issues. We are always worried by trainees who are not able to do this, because later, when they are trained, their disowned and unresolved issues may interfere with their ability to help others effectively.



3. Trainees may be justifiably afraid that they may become distressed if they use a real problem.
4. Trainees may fear that if they do become distressed they may not receive adequate counselling help from the trainee 'counsellor'. This is understandable. However, we believe that responsible trainers will ensure that trainees have access to follow-up counselling from experienced counsellors.

Trainees have often asked us whether they can use invented problems or other people's problems rather than using problems of their own when involved in triad practice. Clearly this involves role playing a person seeking help rather than *being* a person seeking help. Although this is better than not participating at all, in our view it is not very satisfactory. Most people who have been involved as trainers of counsellors would agree that it is much easier for a student counsellor to respond in a real and genuine way to what is being said if the problem is real and not invented or borrowed from someone else. Whenever a make-believe problem is used, it is difficult for the trainee counsellor to accurately pick up the feelings of the person seeking help so that they can appropriately practise their counselling skills.

**Using real issues  
makes it easier  
for the trainee  
counsellor to  
recognise feelings**

### TASKS OF TRIAD MEMBERS

The 'counsellor' in a counselling triad should listen and practise only those micro-skills that have been taught up to that point. They should preferably try not to use any other type of response at all. This may seem to be very limiting, but in fact it is possible to carry out an effective counselling session by exclusively using only one or two micro-skills. This is demonstrated in Chapter 6 which contains a transcript of a counselling session where only minimal responses and paraphrasing are used.

The observer's role in the triad is to take notes of anything significant they observe during the counselling practice session. The observer does not make judgments about what should have been done, but rather has the task of observing, as objectively as possible and without making interpretations, what actually happens during the practice session. For example, the observer may notice that when the trainee counsellor made a particular response, there was a change in the verbal or non-verbal behaviour of the person seeking help. The observer may also notice tones of voice used, pace of speaking, silences, and the use of particular skills. The observer does not interrupt, but the information noticed by the observer is fed back to the trainee counsellor and the person seeking help at the end of the session.

### LENGTH OF TRIAD PRACTICE SESSIONS

Practice counselling sessions should typically be short, of about 10 minutes in length, and at the end of each session the observer should share their observations with the



other two members of the triad. After that, the person seeking help should be given the opportunity to talk about how they felt during the counselling session, and finally the trainee counsellor should explore their own feelings, sharing with the group how the session was for them. In addition to the student observer, there should preferably be an experienced trainer observing the triad throughout. Unfortunately, in large group counsellor training, it frequently happens that trainers have to go from triad to triad and are able to spend only a short time with each small group.

### Learning through observation

Before practising micro-skills in a triad, the relevant micro-skill should be modelled by a competent counsellor. There are two ways that this can be done. Either the demonstration can be performed live or a recording may be used. Both options have advantages and disadvantages. Live demonstrations model the real-life situation so that the trainee can see how the counsellor responds to whatever emerges. However, the conversation may not necessarily lead to a convincing demonstration of the micro-skill being taught. The alternative is to use a demonstration recorded on DVD to demonstrate a particular micro-skill, although this may be less convincing as the counselling is not happening in real time in front of the trainees.

### MODELLING OF THE COUNSELLING PROCESS

In addition to learning by practising micro-skills in triads, and by observing those micro-skills being modelled by an experienced counsellor, it is very valuable for trainee counsellors to have the opportunity to observe experienced counsellors in real-life counselling sessions. There are three ways that this can happen:

1. An experienced counsellor can counsel a trainee who has volunteered to discuss a real problem in front of the training group.
2. An experienced counsellor may counsel a person who is seeking help while the trainee observes while sitting in the same room, watching over a closed circuit TV link, or observing through a one-way mirror equipped with a sound system. For this to occur, the permission of the person being counselled is essential.
3. The trainee may watch a DVD of a real counselling session where the person who received counselling gave permission for this to happen.

### Is the use of micro-skills sufficient?

In the previous two chapters we discussed desirable qualities in a counsellor, necessary characteristics of the counselling relationship, and the need for counsellors to know their values and be non-judgmental. In this chapter we have provided an overview of training in foundation skills for beginners with no previous counselling experience.

We would like to make it clear that learning the basic micro-skills and using them appropriately in the context of a suitable counselling relationship is necessary but not sufficient. Additionally, a counsellor needs to have an understanding of the processes that occur during a counselling session, and needs to learn how to identify, respond to and manage these processes for the benefit of the person seeking help. This can be learnt in a variety of ways: by observing and learning from experienced counsellors; by reading; by practising counselling in triads with other trainees; and through practical experience under supervision (see Chapter 40).

## Sequential learning

The following chapters on micro-skills have been deliberately arranged in the most suitable sequence for training. By learning the skills in this sequence, the trainee can practise counselling by using only one or two micro-skills initially, and can then gradually incorporate additional skills into their repertoire. The sequence given is such that the most important basic skills are learnt first, with the consequence that more practice will be obtained in using these skills and the trainee counsellor will begin to rely on them as being the ones that are most appropriate for frequent use.

## Learning summary

- Counsellor training supplements and enhances natural counselling skills.
- A micro-skill is a small element of counsellor conversational behaviour which can be learnt and practised.
- Micro-skills are best learnt in a particular sequence so that the later skills build on the earlier ones.

## Training group exercises

### 1. Journal writing

Keep a personal journal or diary in which to reflect on your learning as you progress through counsellor training. Record your feelings and thoughts with regard to the training. Include comments on what you discover about how you learn best: is it by reading, watching, practising, receiving feedback, or in some other way?

### 2. Observation exercise

Work in pairs within your training group. Sit or stand opposite your partner at a comfortable distance. For a one-minute period, report your observations of the other person's behaviour by repeatedly completing the statement, 'Now I see (non-verbal



behaviour). For example, you might report, 'Now I see you blinking your eyes', or, 'Now I see you looking down on the floor', or, 'Now I see you fidgeting with your hands'.

For a second one-minute period, complete this sentence, 'Now I see (non-verbal behaviour), and I think \_\_\_\_\_.' Fill in the blank with your interpretation of the other person's non-verbal behaviour. For instance, you might say, 'Now I see you look away, and I think you're nervous about looking me in the eye', or, 'Now I see you smiling and I think you're imagining that you agree with my interpretation'. Give the other person a chance to correct any mistaken hunches.

Next, exchange roles with your partner and repeat the first two steps.

Finally, discuss with your training group what you discovered from the exercise.

### 3. Group discussion and feedback

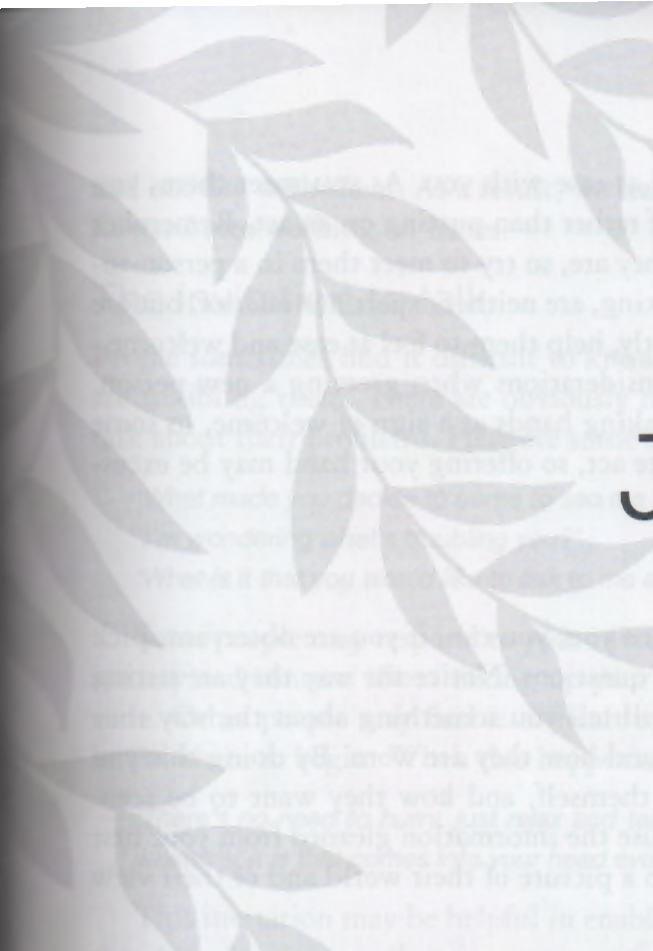
In your training group, brainstorm to choose a controversial topic for discussion. Then break into two equal groups. One group is to discuss the chosen topic and the other is to observe the discussion. The observers are to make notes of the effect the discussion has on the relationships within the discussion group. In doing this they should pay attention to the effects of both verbal and non-verbal behaviour on the discussion group members. After the discussion has continued for a few minutes or reached a natural stopping point, the whole group is to join together to discuss the experience under the supervision of the training group facilitator.

### FURTHER READING

Bor, R. & Watts, M.H. (eds) 2006, *The Trainee Handbook: A Guide for Counselling and Psychotherapy*, 2nd edn, Sage, London.

Johns, H. 2005, *Personal Development in Counsellor Training*, Sage, London.





# Chapter 5

## Joining and listening

This chapter deals with both joining and listening because these two processes are interrelated. If we are to join with a person who seeks our help we need to listen to them and attend to what they are saying. We also need to use a range of behaviours to help them to feel at ease.

### The first meeting

The initial meeting with a person who comes to talk with us is particularly important. Their first impressions will influence their willingness to share openly. First impressions can be enduring and, even if they aren't, they are likely to influence the development of the relationship. It is therefore very important that the climate of the relationship is established right from the beginning. However, it needs to be recognised that joining doesn't just occur at the initial meeting but is an ongoing process. Throughout the counselling process the person seeking help needs to feel comfortable in their relationship with the counsellor.

### Greeting the person seeking help

Imagine that you are meeting a person who would like to talk with you for the first time. What you do, as you move towards them to greet them, will in some way affect their feelings towards you, and their confidence in you. It's important that the person



**Be yourself—  
relaxed and  
friendly**

you meet feels valued and at ease with you. As you meet them, you need to be true to yourself rather than putting on an act. Remember that you are a person, as they are, so try to meet them in a person-to-person encounter where you aren't intimidating, are neither expert nor inferior, but are friendly, open and informal. Most importantly, help them to feel at ease and welcome.

It is helpful to be aware of cultural considerations when greeting a new person. For example, although many people see shaking hands as a sign of welcome, in some cultures hand-shaking is seen as an intimate act, so offering your hand may be excessively intrusive (see Chapter 38).

## Observing the person

As you greet the person who has come to see you, you can, if you are observant, pick up a lot of information without asking any questions. Notice the way they are sitting or standing. Their non-verbal behaviour will tell you something about the way they feel. Look at the clothes they are wearing, and how they are worn. By doing this you will learn something about how they see themselves, and how they want to be seen. Don't jump to unverified conclusions, but use the information gleaned from your first meeting so that you can gradually build up a picture of their world and of their view of that world.

## Putting the person at ease

When one of us meets a person who is seeking our help for the first time, we introduce ourselves and usually chat to them as we walk to the counselling room. This helps them to feel at ease. When we meet them prior to subsequent interviews, although friendly in greeting them, we are usually less chatty and sometimes silent, unless they initiate conversation. This enables them to stay with any troubling thoughts rather than to be taken away from them. Be aware that as a person leaves the waiting room and walks to the counselling room, they may well be putting their thoughts together, and may be experiencing the beginnings of heavy emotion as they get nearer to the issues they want to discuss. If they are doing that, then it isn't helpful to be chatting about unimportant matters. It's better to be quiet.

Notice that we have differentiated between the first and subsequent sessions. We try to help the person to feel very much at ease during the first session, and are happy to use the first few minutes during that meeting to allow them to settle in and feel comfortable. We allow them to sit down, to look around, and maybe to comment on the pot plants in the room or some other aspect of the room or the agency. We may even talk about some other casual topic. For example, we may ask how they travelled to the agency, and what the traffic was like, or we may share something of ourselves



and our day with them. As a result, we start to establish a relationship before moving forward into working on issues.

## The invitation to talk

People sometimes find it difficult to know how to start to talk about the things that are troubling them. There are obviously many different ways of inviting a person to talk about their problems. Here are some suggestions:

*'What made you decide to come to see me today?'*

*'I'm wondering what's troubling you?'*

*'What is it that you would like to talk to me about?'*

Some people may respond to your invitation by talking quickly as a result of their anxiety and concern about taking up your time. Reassure them that it is OK to take time. Other people may find it difficult to start to talk and may say that they don't know where to begin. When this happens, you might say something like:

*'There's no need to hurry, just relax and take time. Sit quietly, and then if you can, tell me whatever it is that comes into your head even if it seems unimportant.'*

This invitation may be helpful in enabling a nervous person to start talking. Once they have started to talk it is important for them to know that you are listening and attending to what they are saying.

## Tuning in

Have you ever talked about being on the same 'wavelength' as someone? Maybe you have sometimes noticed that a person has really 'tuned in' to what you are saying. Joining is about 'tuning in', or 'being on the same wavelength' as someone else. When people join, a harmonious connection is established between the person who is talking and the person who is listening. This is what we need to achieve as counsellors.

Whenever we listen to someone, we give out very subtle clues. These clues give an indication of how we are responding to what is being said, and give an indication of our feelings towards the person who is speaking. As helpers we therefore need to be careful to give out the right messages.

## Listening with interest

People usually go to counsellors because they are troubled and don't know what to do to cope with their emotions. They will often expect that the counsellor will give them advice to enable them to change their situation. Because of this, it is easy for new



counsellors to feel pressured into trying, even early in the counselling process, to find solutions for the people who seek their help. As a new counsellor, try to remember that a counsellor's primary task is to *listen to the person* and to use strategies that will enable them to find their own solutions. These solutions are likely to suit them because they have discovered them for themselves. They will have also discovered that they are capable of making their own decisions.

In our experience, before looking for solutions, the first thing most people want to do when they seek counselling help is to *talk about* the things that trouble them. They want to get things off their chests, to vent their feelings, and to say things that might be very difficult or maybe impossible to say to friends or family.

When you are with a person who has come to talk with you, try to remember that they want to feel free to unload what is troubling them. To do this they need an invitation and opportunity to talk without unnecessary interruption. If you do a lot of talking, then you are likely to interfere with their ability to talk freely and the counselling process is likely to be compromised.

A counsellor is primarily a listener. By listening to what the person says, the counsellor is able to help them to sort through their confusion, identify their dilemmas, explore their options, and come away from the counselling session feeling that something useful has occurred. The counsellor therefore needs to attend very carefully to everything that the person is saying and to remember, as far as is possible, the details of the conversation. If you want to convince someone that you really are listening, then focus your concentration on them and on what they are telling you. Try to remember, for example, the names of relatives, what happened five years ago in their relationships, and those things that are briefly mentioned.

**If you listen with interest you will remember the details**

The first skill for the new counsellor to learn is to put deliberate effort into *listening with interest*. This needs to be done in such a way that the person recognises that you are totally focusing your attention on what is being said, and are comprehending and understanding it. Listening with interest involves the use of the following:

1. minimal responses
2. brief invitations to continue
3. non-verbal behaviour
4. voice
5. silence.

We will now discuss each of these.



## 1. USE OF MINIMAL RESPONSES

A good way to let a person know that they have your full attention and that you are listening to what they are saying is by use of minimal responses. The minimal response is something we naturally do in conversation when we are predominantly listening rather than talking. Minimal responses are sometimes verbal and include just a nod of the head. Also included among minimal responses are expressions like:

'Mm', 'Mm-hmm', 'Ah-ha', 'I see', 'Yes', 'OK', 'Sure', 'Right', 'Oh' and 'Really'

These expressions let a person know that they have been heard and also encourage them to continue talking.

While a person is talking continuously, the counsellor needs from time to time to reaffirm that they are listening to what they are saying, and this can be done by inserting minimal responses at regular intervals. Space your minimal responses appropriately. If they are given too frequently, they will become intrusive and will be distracting. Conversely, if they are not included frequently enough, the person may not believe that you are really attending to what they are saying. It is also possible that they will wonder whether you are silently making judgments about, or interpretations of, what they are telling you.

### Using the minimal response to convey a message

The minimal response is not just an acknowledgment that the person is being heard. It can also be a way, sometimes subtle, of communicating other messages. It may be used: to signify that the counsellor agrees with the person; to emphasise the importance of a statement they have made; to express surprise; or even to query what is said. The ways in which minimal responses are given—the tone and intensity of voice used, the accompanying non-verbal behaviour such as eye movements, facial expressions and body posture—all combine to convey a message.

Counsellors need to be careful in giving out messages of agreement or disagreement. Sometimes with the best of intentions showing agreement with may be counterproductive. We remember being told by an acquaintance that she had discontinued going to see a counsellor because that counsellor had strongly agreed with her criticisms of her husband. Presumably the counsellor thought that by doing this he would join with her. Unfortunately the counsellor's behaviour prevented the person concerned from talking further because she felt that by doing this she would be being disloyal to her husband. By agreeing with her, the counsellor also blocked her from talking through her own feelings of guilt about her relationship with her husband. She wanted to be heard, understood and valued, but did not want a stranger who didn't know her husband to be critical of him.

Being *empathic* involves hearing, understanding and valuing the person. Can you see how this is different from *agreeing* with them? Although there are times when



agreeing with the person seeking help may be useful, generally it is more helpful to listen and understand without judgment.

## 2. USE OF BRIEF INVITATIONS TO CONTINUE

Sometimes, a person will pause and it is important for the counsellor to allow them time to think. However, once they have finished thinking it may be useful to give a brief invitation to them to continue. This can be done by using one of the following responses:

*'Then ...', 'And ...', 'Tell me more', 'Can you tell me more?', 'Would you like to tell me more?' or 'Would you like to continue?'*

Counselling involves the art of listening constructively, so appropriate use of minimal responses and brief invitations to continue are essential.

## 3. USE OF NON-VERBAL BEHAVIOUR

There are a number of ways in which a counsellor can use non-verbal behaviour to join with the person seeking help and enhance the counselling process. These include:

- matching non-verbal behaviour
- physical closeness
- the use of movement
- facial expression
- eye contact.

### Matching non-verbal behaviour

Along with the use of minimal responses, another way that counsellors can help a person who is seeking help to feel that they are really being listened to is to match their non-verbal behaviour. If they are sitting on the edge of the seat, with their arms on their knees looking forward, then it may be useful for the counsellor to sit in the same way and in effect to mirror their posture. By doing this, the person seeking help will be likely to feel as though there is some intimacy between themselves and the counsellor, rather than seeing the counsellor as a superior expert sitting back, listening and judging what is being said. Similarly, if the person leans back in their chair with

**Appropriate matching of non-verbal behaviour can help the joining process**

legs crossed, and the counsellor casually matches that posture, they may well feel more at ease. Clearly, matching needs to be done appropriately so that the counsellor is seen to be acting naturally rather than mimicking the person.

If a counsellor matches a person's non-verbal behaviour and posture for a while, then more often than not the person will match the



counsellor's behaviour when the counsellor makes a change. In this way the counsellor can sometimes bring about some change in a person's emotional state. For example, a person may be so tense that they are sitting on the edge of the chair and are unable to relax into a more comfortable sitting position. If the counsellor matches this position initially and then moves back to sit more comfortably, the person is likely to follow the counsellor's example and consequently to experience a reduced level of tension.

### **Physical closeness**

We all have different personal comfort levels with regard to physical closeness. Also, we need to recognise that there are major differences in comfort levels related to physical closeness for people from different cultures (see Chapter 38).

Think about how you would feel personally if someone you were talking to was to stand a long way from you, or was to move further away while you were talking. You might get the message that the person wasn't interested in what you were saying, or that they felt negatively towards you so didn't want to be close to you. Also, consider what it's like when someone stands too close to you for your comfort. How does that feel?

Clearly, as a counsellor, it is best to sit at an appropriate distance from the person you are helping, so that they feel comfortable. Knowing the correct distance is a matter of judgment. Remember, you need to sense what is comfortable for the other person and to be careful not to intrude on their personal space.

### **The use of movement**

Sometimes, at significant times in the counselling process, or when a person is experiencing a high level of emotional distress, it can be useful for the counsellor to lean forward. This can help the person to recognise that the counsellor is joining with them in an empathic way. However, a counsellor should be careful not to move too quickly during a counselling session, as this can be distracting. Clearly it is important for a counsellor to feel as relaxed as possible and feel free to move position in a natural way whenever that is more comfortable, but this should preferably be done slowly and not suddenly.

### **Facial expression**

Facial expression usually has a significant impact on the joining process. Our facial expressions give very obvious clues about what we are thinking, and about our attitudes. Clearly, we want to show an expression of interest, care and concern. Also, we want to try to avoid giving the impression that we are making negative judgments about the person, or what the person is saying.

### **Eye contact**

Eye contact is an important way in which human beings make contact and join with each other. Not only do we use our eyes to make contact, but we also convey subtle



messages by the way that we use our eyes. We wonder what impression you would get if somebody was looking away from you while you were talking to them? Our guess is that you might believe that they weren't interested in what you were saying. However, if that person were to look at you directly, eye to eye, you might feel uncomfortable and think that their eyes were 'boring into you'. What is required is an appropriate level of eye contact where your eyes meet with the other person's eyes in a socially and culturally acceptable way. It is important to remember that different cultures have different social norms with regard to appropriate levels of eye contact (see Chapter 38). However, if the person seeking help is to believe that you are listening to what is being said, then eye contact at an appropriate level will give a clear message that you are attending to, and interested in, what is being said.

#### 4. USE OF VOICE

When we speak, it is not only the words that convey a message. Additionally, a message is conveyed through the way that we use our voices. If we want to create an empathic relationship with people who come to see us, and to make it clear to them that we are concentrating on, and listening to, what they are saying, then we need to attend to our voice quality and be aware of the effects of:

- clarity and volume
- speed of speaking
- tone of voice.

Over an extended period David sought counselling help from a very capable and skilled counsellor. This counsellor helped him to address many painful issues and to experience satisfaction through personal growth. David very much appreciated the help given. However, the counsellor had one annoying fault. Sometimes, it was difficult to hear what he was saying because he mumbled. He didn't articulate words clearly and didn't talk loudly enough. At times this interfered with the counselling process as it was distracting. At other times it enabled David to deflect away from issues that he needed to address. It was also embarrassing for him to have to tell his counsellor from time to time that he couldn't hear him.

When you are counselling, be careful to talk clearly and at a comfortable volume. Make sure that your tone of voice is one that will help to create an empathic relationship. Generally, it can be helpful if you match the speed of talking and tone of voice of the person who is seeking help. When they talk rapidly, respond similarly, and when they slow up be more leisurely yourself. If you match, to an appropriate degree, the speed and tone of speaking, and also the speed of breathing of an agitated person, you will be likely to join with them. Then, if you slow down your breathing and your speaking speed, and sit back comfortably

**Speak clearly!**



in your chair, they may follow your example, slow down and adopt a more relaxed posture.

## 5. USE OF SILENCE

When both of us were new counsellors, we remember that sometimes we did not focus fully on what the person seeking help was saying because we were too concerned with trying to decide what our next counselling response would be. This was detrimental to the counselling process. However, such behaviour is common among new counsellors as a result of nervousness and a desire to appear to be professional and competent, even though it is more important to be friendly and real. New counsellors are often uncomfortable with silence and feel that they have a responsibility to fill gaps in the conversation. Once you are comfortable with silence there will be less pressure for you to give a response the instant the person stops talking. Instead you can feel relaxed enough to allow them, if they want, to think in silence. Often a person who has just finished making a very powerful and personal statement will need time to sit silently and process what has been said.

When the person is silent, match that silence while continuing to pay attention by using appropriate eye contact, so that you are seen to be listening with a high level of interest. If you observe their eye movements and focusing, you may be able to tell when they are thinking and need to be left to think rather than be interrupted.

## Learning summary

- Joining is an ongoing process.
- A counsellor's primary function is to deliberately and intentionally listen.
- Deliberate listening with interest involves use of minimal responses, brief invitations to continue, non-verbal behaviour, use of voice and silence.
- Minimal responses can be verbal or non-verbal.
- Minimal responses let the person know that you are attending to what they are saying, and help create an empathic relationship. They can also give messages.
- Joining is enhanced by matching non-verbal behaviour such as posture, matching verbal tone and speed, and making appropriate eye contact.
- Rapid movements by a counsellor can be distracting.
- Silence is important in giving the person seeking help time to think and process what has been said.
- A person's eyes may give you an indication of when they have stopped thinking.



## Training group exercises

### 1. Meeting and joining

Volunteers from the training group are invited to role-play the following:

- a person who is reluctant to attend counselling
- a very anxious person seeking counselling
- a very assertive person seeking counselling
- a person who wants to tell the counsellor how to behave
- a person who questions the expertise of the counsellor.

Other members of the group are to role-play being the counsellor who meets the person seeking help in the waiting room, takes them to the counselling room, and tries to join with them and invite them to talk. The role-plays are to be observed by those members of the group who aren't playing a role.

After the role-plays, the group is to discuss the experience, drawing out what was useful in enabling joining to occur and what challenges were experienced by the 'counsellor'.

### 2. Triad joining and listening practice

The training group is to break into groups of three (triads) as described in Chapter 4. In each triad one person will talk about a personal issue of theirs (this should not be an important issue or a particularly troubling one), a second person will act as their counsellor, and a third person will be an observer whose job is to provide feedback at the end of the exercise. The counsellor's goal will be to join with the person who is discussing their personal issue by using only non-verbal behaviour and minimal responses. The person discussing their personal issue should stop talking at a convenient point to allow the counsellor to use a brief invitation to continue.

When the person who is discussing their personal issue has finished talking, the counsellor is to tell the observer in as much detail as possible what they heard the person say.

After this, the observer should provide feedback on what verbal and non-verbal behaviour of the counsellor they noticed was useful in promoting joining and encouraging the person to continue talking. Additionally, the observer might draw attention to any information that was disclosed in the conversation but not included in the counsellor's feedback.

### FURTHER READING

- Ivey, A.E. & Ivey, M.B. 2008, 'Attending and observation skills basic to communication', in A.E. Ivey & M.B. Ivey, *Essentials of Intentional Interviewing: Counselling in a Multicultural World* (pp. 40–55), Brooks/Cole, Belmont.
- Mearns, D. & Thorne, B. 2007, *Person-Centred Counselling in Action*. Sage, London.



# Chapter 6

## Reflection of content (paraphrasing)

As explained previously, it is essential for a counsellor to deliberately listen with interest so that the person seeking help feels confident that they are being heard and understood. However, it's obvious that just attending to a person by matching their non-verbal behaviour and giving minimal responses is not sufficient. The counsellor also needs to respond more actively, and by doing so to draw out the really important details of what the person is saying and to clarify those for them. The most common and generally most effective way of doing this is by using the micro-skill called *reflection of content* or *paraphrasing*. Using this skill the counsellor paraphrases or reflects back to the person what they have said. The counsellor doesn't just parrot or repeat word for word what the person has said. Instead, the counsellor picks out the most important content details of what the person has said and re-expresses them in the counsellor's own words, rather than using the words of the person seeking help. The following are some examples of reflection of content to illustrate how the skill is used.

### Examples of paraphrasing or reflection of content

#### **Example 1**

**Person seeking help:** *Yesterday I rushed around, I seemed to have no time to myself, I went from one place to another and it was really hard to fit everything in.*

**Counsellor response:** You had a very full day yesterday.



### Example 2

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**Person seeking help:** *I'm fighting with my son, my husband's not speaking to me, at work the boss keeps picking on me, and what's more my best friend doesn't seem to understand me any more.*

**Counsellor response:** You're having a lot of relationship problems.

### Example 3

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**Person seeking help:** *My daughter's a very attractive girl; she's good looking and vivacious, she dresses very nicely and she is a good-natured person. She often smiles and seems to be very happy.*

**Counsellor response:** Your daughter has many positive qualities.

Can you see that what the counsellor does when reflecting content is literally to reflect back to the person seeking help, in a clear and brief way, in the counsellor's own words, the most important things that the person has just told the counsellor? The counsellor tries to capture the essential content of what the person has said and then reflect this back. This method alone, together with minimal responses, can be used successfully throughout a complete counselling session, if it is carried out by a skilful person who is capable of accurately and clearly reflecting content. However, as will be discussed in later chapters, there are additional skills that can be used in conjunction with reflection of content in order to enhance the effectiveness of the counselling process.

The three examples above involve very short statements by the person seeking help. Generally a counsellor will listen for much longer before reflecting back what they have heard. This is because it is best to allow the person seeking help to continue talking without interruption until a natural break in the conversation occurs. Here are some more examples where the statements from the people seeking help are a little longer.

### Example 4

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**Person seeking help:** *I grew up in a very close family and that was important to me. Unfortunately two years ago my father died as a result of a heart attack. This was a terrible shock as he exercised regularly so we all thought he was fit. Now I can't help thinking about him all the time. I'm preoccupied with thinking about him. I think about the good times I had with him when I was young and about the way he showed so much interest in me in the early days of my marriage. I remember the way he played with my children, his grandchildren. He always seemed to be enjoying himself, and now I've lost him.*



**Counsellor response:** You have a great sense of loss as you have so many good memories of your father.

### Example 5

**Person seeking help:** Right from being a youngster I've always been a person who likes to enjoy life. As a result I have many friends who, unfortunately, tend to be heavy drinkers, so I am often invited to parties where a considerable amount of alcohol is consumed. Not surprisingly I developed a very bad drinking problem which got me into an awful lot of trouble. In the end I decided to stop drinking and for the last couple of years have stayed off the grog. Well, last night I had a drink and now I'm just wondering how that's going to affect me in the future. I'm really surprised though because I was able to have just one drink and stop, whereas in the past I always used to carry on drinking once I'd started. Even so, I'm a bit worried because it would be easy for me to slip back into the old habits.

**Counsellor response:** Although you surprised yourself, you're not too sure how you'll cope with alcohol into the future.

### Example 6

**Person seeking help:** I spent all day Saturday cleaning up my grandmother's yard but she was annoyed because she said I'd cut the shrubs too short—I'd 'over-pruned' them. Then I went to a great deal of trouble repainting the back door. Once again she complained. This time the colour was too bright. Finally, at the end of the day, I suggested that I take her out to dinner to save her cooking like she usually does. I thought that was sure to please her, but would you believe when she got to the restaurant she complained that she'd never liked the food at that restaurant. I keep trying to do things that will please her, but whatever I do, she never seems to be happy.

**Counsellor response:** It seems as though you just can't please your grandmother.

## Giving the person time

When you are engaged in an actual counselling conversation you will discover that some people seeking help will make fairly short statements before pausing and others may talk with energy for several minutes before pausing. It is best to give each person time without rushing them. Often new counsellors feel pressured into responding immediately when the other person pauses. Usually this is unnecessary, and often it may be helpful to allow time while the person

**Allow the person  
time to think**



## Combining the use of minimal responses with reflection of content

The following is a transcript of a short counselling conversation. It demonstrates the way in which the use of only minimal responses and reflection of content can help a person to reach a sense of resolution.

**Mary (the counsellor):** Susan, you said that you would like to talk something over with me. Can you tell me what's troubling you? [Mary gives Susan an invitation to talk.]

**Susan (the person seeking help):** Yes. *I'm worried about what's happening at work. I'm getting very stressed when I'm there.*

**Mary:** Mm-hmm.

**Susan:** *It seems as though I am continually at odds with some of the other workers and with my boss. I just don't seem to be on the same wavelength as them.*

**Mary:** You're not fitting in.

**Susan:** No, I'm not. *I don't agree with the policies that are being adopted by the top management because they don't fit in with the way I learnt to deal with customers. Over the years I've developed ways of working which I think work ...*

**Mary:** Right.

**Susan:** *And now I'm being expected to change my whole style of working.*

**Mary:** They want you to work in a way that doesn't suit you.

**Susan:** Yes they do, and I'm beginning to think that I'll either have to resign or compromise my principles. *I'm just not sure what to do.*

**Mary:** You have a difficult choice to make.

**Susan:** Yes, I have ... {pause}

**Mary:** [silent but attending, because Susan looks as though she is thinking]

**Susan:** ... *but you know I don't see why I should resign. I need the job, it's convenient, the money's good and there aren't many other jobs I could do that would suit me. They will just have to put up with me.*

**Mary:** You sound as though you've made a decision to stay.

**Susan:** Yes, I have, but I'll need to think about the implications.

**Mary:** Mm-hmm.

**Susan:** *I suppose that if I continue to work in the way I think is best I'll still get the outcomes the boss wants, but she'll get annoyed because I'm not following policy ... Somehow, I've got to compromise so that I can satisfy the boss and still feel OK about what I'm doing myself.*



**Mary:** You'd like to please the boss and still feel OK yourself.

**Susan:** *Yes, I would. I would like to please the boss so that the atmosphere at work is more relaxed. I suppose I've been a bit stubborn by resisting change.*

**Mary:** Mmm.

**Susan:** *That's probably the issue. I don't like change. But then nobody does. I'd rather change and continue working where I am than move somewhere else.*

**Mary:** Accepting change is difficult for you.

**Susan:** *Yes, it is. But that's what I need to do. I suppose that if I agree to do some in-service training I'd feel more confident about the new methods, but I don't like other people believing that I need further training after all these years.*

**Mary:** Ah-ha.

**Susan:** *I suppose that the truth is that I do need further training and it's hard for me to accept that fact.*

**Mary:** You want other people to respect you as an experienced worker.

**Susan:** *Yes, and at the moment they see me as a dinosaur, out of date and inflexible.*

**Mary:** Ah-ha, they don't see you as able to adapt.

**Susan:** *Well, I am out of date but I'm not inflexible. I can learn new ways of working. I'll show them that an old magician can learn new tricks!*

**Mary:** You're going to accept the challenge.

**Susan:** *Yes, I am. I don't want to be seen as an old fossil, because I'm not.*

**Mary:** You seem to have reached a firm conclusion.

**Susan:** *Yes, I have. Thank you for listening.*

If you look through the transcript above, you will notice that Mary has used no other responses except minimal responses and reflection of content. Once she combined a minimal response with reflection of content by saying, 'Ah-ha, they don't see you as able to adapt'.

Did you notice as you read the transcript that there was a natural flow in the conversation? Each time Susan made a statement and Mary paraphrased it, her reflection of Susan's statement set off a train of thoughts for Susan so that she continued with the conversation in a natural way. Consequently, it would have seemed to Susan that Mary was really understanding what she was saying. Mary wasn't intruding on Susan's thoughts by adding in her own ideas.

**Reflection encourages the person to continue exploring their own thoughts and ideas**



By paraphrasing and reflecting back what Susan said, Mary was able to help Susan think clearly about what she had said. This enabled her to continue talking about the same issue in a constructive way. It was as though she was walking along a path, in her thoughts, with Mary walking alongside her.

You may have noticed that even though the conversation between Susan and Mary was short, Susan resolved her issue without Mary asking questions, putting in suggestions or giving advice. All she did was to reflect back to Susan what she was saying.

It's important for you to learn how to reflect content. In order to help you to do this we have provided two practice examples of reflection of content below. In each case we suggest that you might like to read the statement of the person seeking help and decide how you might respond using a reflection of content. Then you might want to compare your response with our suggestion given at the end of the chapter.

Good reflection of content doesn't intrude. It doesn't distract the person from the real issues that they are trying to resolve.

## Practice examples

### Example 7

**Person seeking help:** *Within a week I've had a rates notice, an electricity bill, my car broke down and I've had to spend \$300 having it fixed, there was a big dinner I had to attend as part of my work and it was very expensive, and in addition I've had to fork out money for my son's trip overseas and for my daughter's school fees.*

**Counsellor response:** See end of chapter for our suggested response

### Example 8

**Person seeking help:** *The house is old and ramshackle, the rooms are very large, there isn't much in it and it needs redecorating. Parts of it are starting to fall down. Where you walk, there are bare floorboards and they creak. It doesn't sound very much like home because it's such a big, open, old, barren sort of a place, but you know, I really like living there.*

**Counsellor response:** See end of chapter for our suggested response

### Example 9

**Person seeking help:** *As you know, I'm married with two teenage children. What my husband doesn't know is that for the last two years I've been having an affair with his best friend, Kevin, who recently split up from his wife. I'm deeply in love with Kevin, but also care about my husband, Jack. Jack has never been faithful to me. He's had several affairs, but I know he believes that I would never cheat on him—but I have! What do you think I should do?*



**Counsellor response:** See end of chapter for our suggested response (also see training group exercise 3)

## Each counsellor is a unique individual

We need to remember that each counsellor will paraphrase in their own unique and personal way. Two counsellors hearing the same statement from a person seeking help will not necessarily pick up on the same detailed content as each other. The words they each use will be their own; they will not express themselves in exactly the same way. The model answers that we have provided in this chapter are not necessarily the best responses; they are our suggested responses, so yours might be different. We believe that we are good counsellors, but do not consider ourselves to be perfect when using any of the micro-skills. We have yet to find someone who is. It's really important to remember that it doesn't matter how perfect your responses are. What does matter is that you are genuinely yourself and aim to create a real, trusting, caring, empathic relationship with the person seeking help. This may mean sometimes appearing unsure about what to say, and occasionally saying something inappropriate. Both of us have at times given inappropriate responses. Although we try not to do that, there will always be times when we do.

**The relationship  
is the most  
important feature  
of effective  
counselling**

## Using inappropriate responses

Sometimes when reflecting content, the paraphrase will be inaccurate. More often than not when this happens the person seeking help will think more clearly about what they were trying to say, will say it again, and in the process clarify their thoughts. The counsellor can then check out that they have now understood correctly, making it clear that they want to take the time to fully understand the person seeking help.

As we were writing this we started to talk together about the inevitability of sometimes using inappropriate counselling responses. David explained that he used to think that it was a disaster to give an inappropriate response until an artist friend of his talked to him about pencil sketching. He told her how when he tried to sketch he very often had the sketch three-quarters complete and then ruined it by putting in a dark line in an inappropriate place. His artist friend laughed and said, 'You never draw lines in the wrong place, because whenever you put in a line you can use it to create something different'. David learnt a lesson from what she said, and applied it to his counselling. Now, when he makes an inappropriate response, he uses that response to generate an interaction between the person seeking help and himself. He will encourage them to talk about the effect of the inappropriate response. By doing



this, David uses the immediacy of the relationship between himself and the other person. Immediacy will be discussed more fully in Chapter 18.

## Parroting

Parroting is not the same as reflection of content. Parroting involves repeating word for word what the person has said to you. Occasionally it can be useful to parrot a person's last few words to draw attention to the importance of those words, or to enable them to continue a half-finished statement. As a general rule, reflection of content is a much more helpful process. This is because reflection of content picks out the most important and salient parts of the content rather than just repeating the words the person has used. Continually repeating part or all of what they have said would be likely to annoy them rather than create a good relationship. Skilful reflection of content in the counsellor's own words does the reverse. It makes the person feel valued, listened to and heard, and is useful in helping them to move forward in their exploration.



Figure 6.1 Parrot talk

## In conclusion

In this chapter we have discussed reflection of content, or paraphrasing as it is also known. Reflection of content is a very useful basic micro-skill. It can be regarded as a foundation micro-skill as it is ideal for use in conjunction with any of the other micro-skills, including the more advanced micro-skills described in Part IV. To paraphrase you have to listen carefully and to repeat back in your own words the essence of what the person has said. By doing this the person believes that you have heard them and also



becomes more fully aware of what they have said. They are then able to really savour the importance of what they are talking about and to better sort out their confusion.

### OUR SUGGESTED COUNSELLOR RESPONSES FOR PRACTICE EXAMPLES 7, 8 AND 9

Example 7: 'You've had a lot of expenses to meet in a very short time.'

Example 8: 'Even though the house is in poor condition it is home to you.'

Example 9: 'You are very confused about what to do and would like me to give you the answer.' (also see Training group exercise 3)

## Learning summary

Reflection of content involves reflecting back to the person the important content of what they have said, but in a clearer way and using the counsellor's own words.

Parroting involves repetition by the counsellor of some of the other person's words.

Occasional parroting can be useful either to emphasise the importance of what has been said or to help a person to complete a half-finished statement.

Reflection of content, together with the use of minimal responses, helps the person to follow through on a train of thoughts and continue talking.

## Training group exercises

### 1. Practice examples on reflection of content

In your training group, work individually and write down reflection of content responses to each of the statements in the list below. When all group members have finished this task discuss your suggested responses in the group.

- a. *'My brother has had a serious motorbike accident and it looks as though he may be permanently crippled. He's a builder by trade and now he may never be able to walk again. I don't know how he'll be able to work.'*
- b. *'The cancer is malignant and now I only have six months to live at the most. There is so much that I want to do and I can't decide what to do first. I am certainly going to have to do things in a hurry.'*
- c. *'The law is very unjust. He discovered where I live, followed me, deliberately aimed the gun, and fired several shots directly at me to try to kill me. He even asked the police if I was dead, and then he's given a light sentence on so-called psychiatric grounds. It's not fair.'*



- d. *'I've never stayed in one place for more than a couple of years. In the last few months I've lived in five different houses. It's hardly worth unpacking when I move now because I know I'll move on again. I just can't settle.'*
- e. *'The pain starts in my head and moves down into my back. Sometimes my whole body aches. The pain never stops and is overwhelming.'*
- f. *'I think my father is a hypocrite. He's a preacher who preaches love and forgiveness and is charming to everybody except his own family. In the family he's a tyrant who bullies everyone and is unforgiving. I'm rapidly losing my respect for him.'*

## 2. Practising reflection of content in triads

Form triads as described in Chapter 4 with one person talking about a problem of theirs, another being counsellor and the third person observing. Practise counselling for about 10 minutes. It is preferable for the person seeking help to talk about a real personal issue of theirs which is to some extent troubling but not of a serious nature. The counsellor should endeavour to use only silence, minimal responses and reflection of content, and should not ask any questions. The observer is to remain silent and to take notes with regard to the counsellor's attending behaviour and use of reflection of content.

After completion of the exercise the three participants are to discuss the experience. The counsellor is to explain what they did that they thought helped them join with the person seeking help. The person seeking help is to comment on what they found most helpful. The observer is to give feedback by referring to their notes.

Next, in the whole training group, share your thoughts about the triad practice session and discuss anything learnt from the exercise.

## 3. Dealing with a moral issue and request for advice

Read Example 9 on page 56 and the suggested counsellor response on page 59. Sit quietly and write down any thoughts and feelings generated by the example. Also write down how you would deal with the request for advice.

When all members of the group have finished the written part of this exercise, join the whole group. Discuss the issues generated and anything you would like to share that you may have written down.

## FURTHER READING

- Mearns, D. & Thorne, B. 2007, *Person-Centred Counselling in Action*, Sage, London.  
Tolan, J. 2003, *Skills in Person-Centred Counselling & Psychotherapy*, Sage, London.



# Chapter 7

## Reflection of feelings

As explained in the previous chapter, one of the best ways to help a person feel as though you are listening to them and understanding what they are telling you is to reflect back to them the content of what they are saying. Reflection of feelings is useful in a different way. When we reflect feelings we let the person know that we are empathising with them and are in touch with the way they are feeling emotionally. In our opinion, reflection of feelings is one of the most useful micro-skills when used correctly at appropriate times in the counselling process.

Reflection of feelings is similar to, but also different from, paraphrasing. It is similar because it involves reflecting back to the person information provided by them. However, it is different because it involves reflecting back emotional feelings, whereas paraphrasing involves reflecting back the information and thoughts that make up the content of what they are saying.

### How are feelings different from thoughts?

Feelings are quite different from thoughts. Thoughts are at a 'head' level; they are continually running around in our brains. In contrast with this, feelings are at a gut level, not a head level. They are emotional in character and are linked to our bodily sensations. For example, a person who is feeling tense emotionally may experience

**Feelings are emotional and are experienced in our bodies**



tension in their muscles, often in the neck or shoulders, and an anxious person may have sweaty palms, an increased heart rate or the sensation of 'butterflies in the stomach'.

## Avoiding feelings

Frequently people try to avoid exploring their feelings because they want to avoid the pain associated with strong emotions such as sadness, despair, anger and anxiety. We ourselves recognise that it's much less painful for us to philosophise about our problems, and to discuss them as though they are 'out there' and don't really belong to us, than for us to get in touch with the related emotions. Unfortunately, when we avoid our feelings, philosophise, and talk in a general way about our problems rather than fully experiencing the effect they have on us emotionally, we rarely feel better or reach a resolution. Instead, we tend to go round in circles and get nowhere. However, if we get in touch with our feelings, own them and experience them fully, then we usually move forward to feel better emotionally and maybe then to make sensible decisions.

## Experiencing feelings

It can be tempting for a new counsellor to inadvertently encourage a person who is seeking help to avoid painful feelings rather than to face them. This is understandable because most of us learn from childhood to comfort people by encouraging them to run away from their feelings. We are taught to say, 'Don't cry, it'll be all right', when it quite probably won't be all right, and the person really needs to cry in order to release their emotional pain.

To be an effective counsellor you will need to unlearn some of what you learnt as a child. You will generally need to encourage those you aim to help to experience their emotions: to be sad, to cry, to be angry, overwhelmed, amused, frightened or whatever. By doing this you are likely to help them gain from emotional release, to feel better, and to move forward; you are likely to help them experience a healing process. This healing process of emotional release is called *catharsis*.

**Expressing  
emotional  
feelings can be  
cathartic**

There are exceptions to this approach. A minority of people are so continually in touch with and overwhelmed by their emotions that to encourage them to do more of the same is unlikely to be useful. These people may find it more helpful to make use of their thinking processes in order to control their emotions. For them a more cognitive behavioural approach may be preferred (see Chapter 13).

## Distinguishing between thoughts and feelings

New counsellors often have problems in distinguishing between thoughts and feelings because people often use the word 'feel' when they are describing a thought. For



example, if someone were to say 'I feel angry', they would be expressing a feeling, but if they were to say 'I feel sure that counsellors learn best through practical experience', they would not be expressing a feeling, they would be describing a thought. It would have been more accurate to say 'I think that counsellors learn best through practical experience'. The words 'feel that', followed by a string of words, generally mean that a thought is being expressed and not a feeling. Feelings are most often expressed by one word. For example, a person can feel 'angry', 'sad', 'depressed', 'frustrated', 'miserable', 'tense', 'relaxed', 'happy' or 'frantic'. Each of these feelings is expressed by one word, whereas thoughts can only be expressed by using a string of words.

## How to reflect feelings

When a counsellor reflects a feeling it is not essential to use the word 'feel'. Here are some options for reflecting feelings of anger and happiness:

*'You're feeling angry' or 'You feel angry' or 'You're angry'*

*'You're feeling happy' or 'You feel happy' or 'You're happy'.*

As counsellors we need to continually identify the person's feelings and to reflect them back at appropriate times. Sometimes a person will tell you directly how they are feeling and at other times you will need to be able to assess what they are feeling by listening to the content of what they are saying, by noting their non-verbal behaviour, or by listening to their tone of voice.

Sometimes we will be uncertain about whether or not we are accurately identifying a feeling but may think that it is important to help the person to get more fully in touch with the feeling. In this case we might say something like:

*'I am wondering whether you are feeling ...' (angry, sad, etc.)*

*'If I were you I think I might feel ...'*

*'If that had happened to me I think I would feel ...'*

## Feeling words

Table 7.1 provides a list of commonly used 'feeling' words. Notice that all of the words in the table could be used as counsellor responses by prefacing them with 'You're feeling ...', or 'You feel ...', or 'You're ...'. Clearly we have to use our personal judgment to decide which option to use.

The words in Table 7.1 have been arranged so that the words in each line relate to each other over a continuum from strong feelings to mild feelings. Some of the cells in the table contain question marks. You might like to choose suitable words to insert into these cells. Can you see how by choosing our words carefully we may be able to accurately reflect back a person's feelings?



TABLE 7.1 Some commonly used feeling words

Line	Strong feelings	Medium-level feelings	Mild feelings
1	honoured cherished treasured	valued appreciated	accepted
2	powerful energetic	strong determined	positive certain
3	powerless	weak	tired
4	thrilled	very pleased	pleased
5	???	loved	liked respected
6	optimistic confident	???	uncertain
7	paranoid	suspicious	curious
8	hated	alienated	disliked
9	proud	self-satisfied	contented
10	perplexed	puzzled confused	uncertain doubtful
11	frantic agitated	???	concerned
12	relaxed	calm	indifferent
13	jealous	envious	discontented
14	???	surprised	pleased
15	terrified	???	worried anxious
16	distraught	distressed miserable	unhappy
17	secure	safe	OK



18	vulnerable	???	uncertain
19	appalled	dismayed	disappointed
20	humiliated ashamed	embarrassed	stupid
21	???	worn out	tired
22	intolerant	impatient	uneasy
23	betrayed	cheated	misled
24	ready to snap	tense	???
25	bewildered	puzzled	uncertain
26	horrified appalled shocked	dismayed taken aback	surprised
27	???	delighted	happy
28	devastated shattered broken-hearted	sad miserable depressed	disappointed troubled
29	grieving	shocked lost empty	alone
30	furios mad	angry resentful	???
31	abused victimised attacked	threatened	blamed

With practice it becomes easier to identify feelings such as tension, distress and sadness from a person's body posture, facial expressions and movements. Tears starting to well up in a person's eyes might let you know about their sadness.

## Permission to cry

Sometimes people need permission to cry, because in many cultures crying, particularly by men, is considered to be unacceptable. If you say to a person, 'I can see the tears in your eyes', or 'For me, it's OK if you cry', or just 'It's OK to cry' in a gentle,



accepting tone of voice, then the tears may start to flow. This can be helpful as it will enable the person to release their emotions more fully than just talking about them. If they do start to cry, allow them to continue without unnecessary interruption until the emotion subsides naturally. Try not to intrude on their internal processes while they are crying, because if you do they may withdraw from fully experiencing their feelings, and the healing effects of emotional release may be diminished.

## Response to reflection of feelings

If you reflect feelings accurately it is likely that the person you are helping will get more fully in touch with their emotional feelings. As a counsellor you do need to be prepared for a variety of possible responses when you reflect feelings. Sometimes a new counsellor will experience high levels of anxiety or heightened emotional feelings themselves, as a consequence of a person's response to reflection of feelings. For example, if you correctly say, 'I get the impression that you are really hurting inside', then the person may get in touch with their painful feelings and start to cry. In this case, you will need to deal with your own emotional feelings that will be generated by being in the presence of someone who is crying.

### **We need to be able to deal with our own feelings**

As a counsellor you also need to be prepared to respond appropriately to unexpected responses to reflection of feelings. For example, you may correctly reflect back anger by saying, 'You're angry' or perhaps 'You sound very angry'. In response, instead of owning the anger and recognising its true source, the person may respond by angrily snapping back with 'I'm not angry' followed by an angry tirade, possibly directed at you. If this happens, while sensibly defusing the situation, recognise that you have been accurate in reflecting the person's feelings and that this may have been useful. You have enabled the person to indirectly express anger which they are not ready to own. They have been able to express some of their anger by directing it onto you, and it may be that they will feel better for that. However, dealing with angry people can have its dangers, so be careful to ensure your own safety.

### **Take care to ensure your own safety**

Another way in which an angry person may disown feelings of anger is to say, 'I'm not angry, I'm just frustrated'. In this case it may be helpful for the counsellor to respond by saying, 'My guess is that if I were you, I would feel angry'. By saying this, the counsellor effectively gives the person permission to get more fully in touch with angry feelings.

## Being ready to burst!

Human beings can be likened in some ways to party balloons. When we are functioning effectively, we have sufficient emotional energy inside us to keep us motivated to live our



daily lives adaptively and creatively: the balloon has sufficient air inside it to be robust and float through the air. At crisis times in our lives, the emotional pressure builds up until we are ready to burst. In this state our thought processes are often blocked or distorted and we are unable to cope. We feel out of control of ourselves. To regain control we first need to release some of the emotional pressure. This may be difficult, as many of us have been taught from childhood to hold our emotions in, not to cry, and not to be angry.

An effective counsellor can help a person to fully experience their emotions and to feel better as a result of releasing those emotions. With cathartic release, the pressure in the balloon drops back to normal. Rational thinking can start to take place again so that constructive decision-making can occur.

Reflection of feelings is therefore, as stated previously, one of the most important counselling micro-skills.

## Examples of reflection of feelings

The following are examples of statements made by a person seeking help, followed by suitable reflections of feeling. Before reading the suggested counsellor response for each example, you may wish to think about the response you would give.

### Example 1

**Person seeking help:** *I keep expecting my mother to show more interest in me. Time and again I've asked her to come over to see me but she never does. Yesterday it was my birthday and she did come to visit me, but do you know she didn't even remember that it was my birthday. I just don't think she cares about me at all. [Said slowly in a flat tone of voice.]*

**Counsellor response:** You're disappointed or You feel hurt.

### Example 2

**Person seeking help:** *First of all, my brother broke my electric drill. He didn't bother to tell me that he'd broken it, he just left it lying there. Then what do you think he did? He borrowed my motorbike without asking me. I feel like thumping him.*

**Counsellor response:** You're very angry or You're furious.

### Example 3

**Person seeking help:** *I got a new job recently. It's quite different from the old one. The boss is nice to me, I've got a good office to work in, and the whole atmosphere in the firm is really positive. I can't believe that I'm so lucky.*

**Counsellor response:** You feel really happy or You're really happy.



### Example 4

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**Person seeking help:** Young people nowadays aren't dressed smartly like they used to be in my day—they're dirty, they're rude, and they don't stand for you in buses. I don't know what's become of the new generation!

**Counsellor response:** You're disgusted.

### Example 5

---

**Person seeking help:** My boyfriend just rang me from his hotel overseas. He's a reporter and is in a real trouble spot. While I was talking to him on the phone I could hear angry voices in the background, and then there was an incredible crash and the line went dead, and I don't know what's happened to him! [Said very quickly and breathlessly.]

**Counsellor response:** You're terribly worried or You're panicking.

These examples probably give you an idea of how difficult it is to assess the feelings underlying what a person says when non-verbal cues, such as facial expression and body posture, are not available. When you are actively engaged in a counselling interaction it will be easier for you to identify what the person is feeling because you will have the use of all your senses. If you are attending closely to them, your own feelings may start to match theirs. When they are hurting, you may experience something of the hurt, though at a less intense level, and this will be useful in helping you to reflect feelings accurately.

With experience in reflecting feelings you will be able to use a variety of expressions so that your responses sound natural rather than stereotyped and somewhat mechanical. Sometimes a short response such as 'You're sad' is appropriate. But at other times you might use expressions such as the following:

*'I get the impression that you are very sad.'*

*'From what you are saying my guess is that you are feeling very sad.'*

*'Right now you're sad.'*

As a general rule, try to keep your counselling responses short. Remember that it is desirable for the person seeking help to do most of the talking and that your job is to listen and hear. Long counsellor responses intrude on the person's own inner processes and may prevent them from freely and openly exploring their issues.

When you have fully mastered reflection of feelings, move ahead to the next chapter to discover how to combine reflection of *content* with reflection of *feelings*.



## Learning summary

- Feelings are emotions, not thoughts. They are experienced at a gut level and not at a head level.
- Feelings are usually expressed by one word, for example 'sad', 'happy', 'lonely' or 'bewildered'.
- Reflecting feelings is helpful in promoting emotional release with consequent healing.
- People sometimes need permission to cry.
- Counsellors need to ensure their own safety when dealing with angry people.

## Training group exercises

### 1. Choosing feeling words with accuracy

Working individually without talking, provide suitable feeling words to be inserted into the cells that have question marks in Table 7.1. Also think of another set of feeling words that could be included in an additional row in the table.

After all group members have completed this exercise, discuss your answers in the group.

### 2. Practice examples of reflection of feelings

In your training group work separately and write down reflection of feeling responses to each of the statements in the list below. When all group members have finished this task, discuss your suggested responses in the group.

- a. *'I don't know how I'm going to do it all. I have to go to work, pay the bills, look after the children, do the washing and clean the house, all before Wednesday. I just can't do it!'*
- b. *'I know he's got a gun and he could come round to the house at any time. The police say they can't do anything because he hasn't done anything yet. It'll be too late when they do come to help. I'll be dead.'*
- c. *'He's a good boy and I love him but he does get into trouble. I never know what he's going to get up to next. Every day I wonder who is going to come knocking at the door to tell me something terrible.'*
- d. *'We won. We won the big prize: the new car!'*
- e. *'My brother died last week. I miss him dreadfully. I wish I hadn't criticised him so much recently because he was really a very good person.'*
- f. *'My mother treats me like dirt. She never praises me for anything. Colleen gets all the praise. All I get is black looks.'*



### 3. Triad practice

Form triads and practise counselling for about 10 minutes as described in Chapter 4. It is preferable for the person seeking help to talk about a real personal issue of theirs, as otherwise it will be more difficult for the trainee counsellor to accurately identify and reflect back emotional feelings. However, avoid using a major issue that would be best addressed in a counselling session with an experienced counsellor. The trainee counsellor should endeavour to use only silence, minimal responses, reflection of content and reflection of feelings. The observer should make notes with regard to what they observed, and keep a tally of the number of times minimal responses, reflection of feelings, reflection of content and reflection of feelings were used.

After completion of the exercise the three participants are to discuss the experience.

The counsellor is to explain:

- what they did that they thought helped them to join with the person seeking help and to encourage them to continue talking about their issue
- what made them choose the micro-skill used at a particular time
- what they could do differently next time to make the process even better.

The person seeking help is to comment on what they found most helpful.

The observer is to give feedback by referring to their notes.

Finally, triad members are to join the whole training group to share their thoughts about the practice session and to discuss anything learnt from the exercise.

### FURTHER READING

- Mearns, D. & Thorne, B. 2007, *Person-Centred Counselling in Action*, Sage, London.  
Tolan, J. 2003, *Skills in Person-Centred Counselling & Psychotherapy*, Sage, London.



# Chapter 8

## Reflection of content and feelings

In previous chapters we have discussed the skills involved in listening, in using minimal responses and encouragers, in reflecting content and in reflecting feelings. These skills are known as Rogerian counselling skills because they were initially identified and extensively used by Carl Rogers. We believe that these skills are the most basic and important ones, because they provide a foundation onto which other skills can be added. Remembering this can be particularly useful for counsellors who use an integrative approach.

In addition to using reflection of content and reflection of feelings as separate skills, we can combine these skills to reflect content and feeling in single counsellor responses. With experience you will find that it is often convenient to combine these two types of reflection. For example, the statement 'You feel disappointed because your brother didn't do as he promised' includes both feeling and content. The feeling is disappointment; the content is to do with the reasons for being disappointed—because the brother didn't do as he promised. So that the idea of combining reflection of feeling and content becomes clearer, let us look at a few examples. First, we will take another look at the examples given in Chapter 7, but this time the counsellor responses will include reflection of both feeling and content, whereas in Chapter 7 reflection of feeling alone was used. Notice that the responses are short and not wordy.

**Rogerian  
counselling  
skills provide a  
foundation onto  
which other skills  
can be added**



## Examples of reflection of content and feelings

### Example 1

**Person seeking help:** *I keep expecting my mother to show more interest in me. Time and again I've asked her to come over to see me but she never does. Yesterday it was my birthday and she did come to visit me, but do you know she didn't even remember that it was my birthday. I just don't think she cares about me at all. [Said slowly in a flat tone of voice.]*

**Counsellor response:** You're disappointed by your mother's behaviour or You feel hurt by your mother's apparent lack of caring.

### Example 2

**Person seeking help:** *First of all, my brother broke my electric drill. He didn't bother to tell me that he'd broken it, he just left it lying there. Then what do you think he did? He borrowed my motorbike without asking me. I feel like thumping him.*

**Counsellor response:** You're very angry with your brother because he doesn't respect your possessions or You're furious with your brother because he doesn't respect your possessions.

### Example 3

**Person seeking help:** *I got a new job recently. It's quite different from the old one. The boss is nice to me, I've got a good office to work in, and the whole atmosphere in the firm is really positive. I can't believe that I'm so lucky.*

**Counsellor response:** You feel really happy with your new job or You're delighted to have a pleasant work environment.

### Example 4

**Person seeking help:** *Young people nowadays aren't dressed smartly like they used to be in my day—they're dirty, they're rude, and they don't stand for you in buses. I don't know what's become of the new generation!*

**Counsellor response:** Young people disgust you or You feel disgusted by the younger generation's behaviour.

### Example 5

**Person seeking help:** *My boyfriend just rang me from his hotel overseas. He's a reporter and is in a real trouble spot. While I was talking to him on the phone I could hear angry voices in*



the background, and then there was an incredible crash, and the line went dead, and I don't know what's happened to him! [Said very quickly and breathlessly.]

**Counsellor response:** You sound really worried about what might have happened to your boyfriend.

## Further examples of reflection of content and feelings

Here are some more statements made by a person seeking help for you to use for practice if you wish. In each case, you might like to invent a suitable counsellor response and then compare your response with the one supplied later in this chapter.

### Example 6

**Person seeking help:** I'm getting very worn out; whenever anything goes wrong I get blamed. I spend my time running around looking after other people's needs and in return I get no thanks and lots of criticism. It's just not fair. The more I do the less I'm appreciated.

### Example 7

**Person seeking help:** You just wouldn't believe the dishwasher has broken down, the washing machine still hasn't been fixed, my husband ran the car into a post, my daughter's bike has a puncture ... I just can't believe it. So much is going wrong. What's going to go wrong next? I just can't take any more.

### Example 8

**Person seeking help:** I just can't understand my son and daughter. They always want to be together, but whenever they are together they fight. It doesn't seem to matter what I suggest they do when they're together, they start an argument. It's incessant, it never stops, and now I'm starting to get like them—I'm starting to get angry and irritable too. Sometimes I'm so angry that I feel like knocking their heads together.

### Example 9

**Person seeking help:** I've done everything I can to get her back. I've given her presents, I've phoned her, I've written her letters, I've sent messages through her friends, I've said I'm sorry, and I've even offered to go and get counselling with her. But whatever I do, I just can't get through to her and she won't come back to me. I just can't live without her!

### Example 10

**Person seeking help:** I can't understand why my landlord won't give me my bond back, but he won't. I cleaned the flat and left it in good condition. I know he doesn't like me and he just



won't give me the bond back. I know I really ought to go and confront him and say to him that this isn't fair. It's not fair. I even got my friends to come round and help me clean up. I spent two days trying to make the place decent, and it was beautiful when I walked out, but he still won't give me the money back. I really ought to go and confront him, but he's a big man and he tends to get very angry at times. And you never know, if there was an argument he might hit me!

### Example 11

**Person seeking help:** I went next door to ask my neighbour if he would drive me over to my boyfriend's place because I'm worried about him. I know it's a long way, but I'm sure my neighbour could do it. All he said was, 'No, I can't afford the petrol, and in any case I don't want to go out in this bad weather'. I can't understand how he can be so callous, because my boyfriend could be seriously ill for all I know. I just can't understand how my neighbour can sit and do nothing, and I'm sure that if it was one of his friends, someone he cared about, that he would go out tonight.

## The use of short responses

As stated previously, it is usually desirable for a counsellor to keep responses short so as not to intrude on the inner processes of the person seeking help. The problem with using long statements is that they may take the person away from what they are currently experiencing and may bring them out of their own world and into the counsellor's world.

## Deciding whether to reflect content or feelings or both

We have just been explaining how it is easy to combine the skills of reflection of content and reflection of feelings. There are times when it is appropriate to use this combined type of response. However, at other times it will be more appropriate, in the interests of brevity, to use either reflection of content or reflection of feeling, but not both. This is particularly true when using reflection of feeling. Sometimes reflecting the feeling alone, without mention of content, can be more powerful in helping a person to own a feeling that they may be trying to avoid owning. If a counsellor says 'You're really hurting', the statement focuses on the person's pain rather than encouraging them to escape from experiencing pain by latching onto 'content' words and moving into a cognitive rather than a feeling level of experiencing.

### Using reflection of feeling alone brings the feeling into focus

Generally, it is desirable for counsellors to help the people who seek their help to experience their emotional feelings rather than to suppress feelings by working at a head or cognitive level. Experiencing feelings fully is often painful, but is cathartic and consequently



therapeutically desirable for most people. However, as discussed in Chapter 7, there are a minority of people who have difficulty living adaptive lives because they are not able to deal with and control continually high levels of emotional expression. For such people, it may be more useful to focus on content rather than feelings.

## The use of lead-in words when reflecting

Generally, it is sufficient to use reflection statements such as those given in the previous examples in this chapter and in Chapters 6 and 7. However, sometimes it can be helpful to preface a reflection statement by using words such as those suggested below.

### WHEN REFLECTING CONTENT

*'I've heard you say ...'*

*'What I've heard you say is ...'*

*'I get the impression that ...'*

*'I'm getting the idea that ...'*

### WHEN REFLECTING FEELINGS OR CONTENT AND FEELINGS

*'If I'm hearing you correctly you are (disappointed, etc.) ...'*

*'I'm sensing that you feel ...'*

*'I get the impression that you feel ...'*

These suggestions should be used sparingly, otherwise they are likely to sound repetitive and trite. Usually, a reflection such as 'You're angry because ...' is sufficient.

## Learning the skills already discussed

We have now discussed the use of the basic skills of listening, the use of minimal responses and encouragers, reflection of content, reflection of feelings and reflection of both content and feelings. We believe that it is sensible to practise these skills until they are fully mastered before proceeding to learn any of the other micro-skills. This is because, in our view, these skills provide a foundation onto which other skills can be added. Use of these skills is also extremely helpful in enhancing the quality of the counselling relationship.

Initially, during the learning process, you may feel awkward in using counselling skills. This is normal, because it is always difficult to learn new ways of communicating and relating. However, we suggest that you keep practising until you can use the skills in a natural way which does not seem to be contrived or artificial. Once this has been achieved, the counselling interaction will flow smoothly and you will not feel pressured to think of 'smart' responses. Instead

**With practice  
the skills learnt  
will fit naturally  
into your normal  
conversational  
style**



your listening skills will be enhanced and you will feel more relaxed and spontaneous. Interestingly, if the skills are used competently, the person seeking help will not realise that you are primarily using reflection, but will feel as though you are listening and commenting in a sensible way on what is being said.

Many experienced counsellors use the basic skills which we have already discussed more frequently than other skills, because these skills enable the person seeking help to explore their world fully in their own way without interference by the counsellor, but with the certain knowledge that the counsellor is actively listening.

### Focusing on the counselling relationship

Remember that counselling is about walking alongside a person as they explore their world. Some people say that a counsellor should, metaphorically speaking, walk in the shoes of the other person. Certainly it is important that the counsellor attempts to see the world in the way the person seeking help sees the world. At times, an experienced counsellor will, metaphorically speaking, almost get into the other person's shoes, so that they can better understand what it feels like to be them, and how it might be to look at the world from their viewpoint. By doing this, a trusting relationship is developed which may enable the person to risk exploring the most painful issues of their life, and so to move forward out of confusion.

### Suggested counsellor responses for further examples of reflection of content and feelings

#### **Example 6**

*'You feel resentful because other people don't appreciate your efforts.'*

#### **Example 7**

*'You're feeling overwhelmed by so many negative experiences' or 'So many things have gone wrong that you're starting to feel pressured and unable to cope'.*

#### **Example 8**

*'The continual fighting between your son and daughter infuriates you.'*

#### **Example 9**

*'You're despairing because you can't get her to come back to you.'*



**Example 10**

*'Even though you believe the landlord is being unfair, you're too scared to confront him.'*

**Example 11**

*'You're disgusted by your neighbour's unwillingness to help.'*

**Learning summary**

- Reflection of content and feeling can be combined into one statement.
- There are times when it is more effective to reflect back only feelings or only content, and not both.
- Effective counsellors try to see the world as the person seeking help sees it.

**Training group exercises****1. Practice in the use of reflection of content and feeling**

In your training group, work separately and write down reflection of content and feeling responses for each of the statements in the list below. When all group members have finished this task discuss your suggested responses in the training group.

- a. *'My children are able to use computers without worrying. They learnt to use them at school. Unfortunately I haven't been able to keep up with the times and, as a result, I don't think that my children respect me. I feel quite stupid.'*
- b. *'Every time my father comes to visit me I dread the time when he'll leave to go home because he lives such a long way away and he's so old now. He's going back this weekend and I can't stop thinking that maybe I'll never see him again.'*
- c. *'My son is driving me crazy. He never stops doing silly things. I have to watch him all the time. Yesterday he climbed onto the roof and then fell out of a tree. I'm starting to lose patience with him.'*
- d. *'I can't make sense of what Freda wants. Firstly, she asks me to go to visit her on Friday and then she tells me that if I do she'll feel overwhelmed. I just don't know what to do.'*
- e. *'Some very strange things are happening. A disreputable looking person keeps hanging around my house and I'm not sure but I think that some things have disappeared. I think I'll have to be careful to check that the house is kept locked.'*



## 2. Practice in triads

Form triads and practise counselling for about 10 minutes as described in Chapter 4. It is preferable for the person seeking help to talk about a real personal issue, but not one of a serious nature, and for the trainee counsellor to endeavour to use only silence, minimal responses and reflection of content and/or feelings. The observer should make notes on the trainee counsellor's joining and attending behaviours, reflection of feelings, reflection of content, and combined reflection of feelings and content. The observer must not speak during the practice session.

After completion of the exercise all three participants should debrief by talking about their experience of the practice session. They should evaluate the conversation with regard to joining and attending behaviours, reflection of feelings, reflection of content and combined reflection of feelings and content. The person seeking help might comment on what felt most helpful. The trainee counsellor might explain what influenced their choice of responses and what they think they could have done differently that might have been better. The observer can add what they noticed from the notes they have taken.


## 3. Debriefing after triad practice in the whole group

In the whole training group discuss anything that was discovered during the triad practice. In particular discuss those counsellor behaviours that enhanced the relationship between the person seeking help and the trainee counsellor. Also consider the usefulness of each of the micro-skills and the influence of the non-verbal behaviour of the trainee counsellor.

### FURTHER READING

- Mearns, D. & Thorne, B. 2007, *Person-Centred Counselling in Action*, Sage, London.  
Tolan, J. 2003, *Skills in Person-Centred Counselling & Psychotherapy*, Sage, London.





# Chapter 9

## Use and abuse of questions

You may be surprised that the chapter on asking questions hasn't come earlier in this book. Certainly, we believe that many people in the general community assume that counselling necessarily requires a counsellor to ask questions throughout a counselling session. Additionally, in some therapeutic approaches there is a stronger emphasis on the use of questions than in others. For example, in Narrative Therapy there is an emphasis on exploring and understanding the story of the person seeking help through the use of an inquiry process involving the use of a particular style of questioning (White, 2007). In Solution-Focused Counselling (see Chapters 13 and 22) questions are used extensively in a collaborative exploration of the person's problem and possible solutions (Macdonald, 2007). The aim in using questions is to explore past successes and search for possible solutions. Similarly, in Cognitive Behavioural Counselling, and in particular in Rational Emotive Behaviour Therapy (see Chapters 13 and 20), significant use is made of questions in helping the counsellor to understand the problem, thoughts related to the problem, and the origin of these thoughts.

We, ourselves, use an integrative counselling approach which incorporates counselling strategies from several counselling models. As integrative counsellors we recognise that the ability to use questions effectively can be of advantage in the counselling process. In Chapter 15 we describe the integrative counselling process and explain how questions can be especially useful at particular times in that process.



However, as integrative counsellors, we have found that it is usually not necessary to ask many questions at all in most counselling sessions. This is generally true when counselling people who need help in dealing with emotional issues rather than behavioural problems. Most of the information the counsellor needs to know will emerge naturally without asking questions if the counsellor actively listens to the person, uses the skills that have already been learnt, and skilfully reflects back the content and feeling of what they are saying.

**Questions  
are best used  
sparingly**

Although questions are certainly useful, there is often a temptation, particularly for new counsellors, to use them when they are not required. If this is done, the counselling process is likely to be compromised. Consequently, before discussing the use of questions we will consider the abuse of questions.

## The abuse of questions

There are number of problems associated with using too many questions when counselling. These relate to:

- being intrusive
- interrogating
- creating unnecessary inequality
- compromising the counselling process
- controlling what is explored
- inappropriately using 'Why' questions
- satisfying the counsellor's needs

### BEING INTRUSIVE

People who come to see us as counsellors have usually not met us previously. We are strangers to them, and yet we hope that they will feel free to talk to us about very personal things that are troubling them. Many people who seek counselling have been unable to talk about their problems to family or friends because they have felt unable to disclose their innermost thoughts to them. As counsellors, our first job is to join with the person who has come to see us in a way that will allow them to trust us. We need to be aware of the difficulty they may have in disclosing personal information. We need to give them time without rushing them so that gradually they are able to start trusting us with what is likely to be sensitive and private information. If we inappropriately ask questions to get information before trust is established, the person may withdraw and feel unable to share openly with us. This is generally true, and is



especially true when working with people from particular family or ethnic cultures. Many people grow up in a cultural environment that precludes disclosing private information to people outside the immediate family. Asking questions of such people may be seen as intrusive and damage their ability to join with and trust us.

### INTERROGATING

If a counsellor asks one question after another the counselling session will become more like an interrogation than a counselling session. The person who has come for help may start to feel pressured and overwhelmed by the questioning, and may be worried by the intrusiveness of the process. Have you ever felt uncomfortable yourself when someone has asked you a number of personal questions? We have. Our natural reaction is to withdraw and to say very little. This is what is likely to happen in a counselling session when a counsellor relies on asking questions rather than using reflective listening. Reflective listening doesn't pressure the person, but encourages them to disclose information at a pace that is comfortable for them.



Figure 9.1 'Interrogating is NOT counselling'

### CREATING UNNECESSARY INEQUALITY

As counsellors it is important that we don't set ourselves up as experts who are superior to or different from the people we're trying to help. As we have discussed earlier, it is inevitable in a counselling relationship that there will be a level of inequality because the roles of the person seeking help and the counsellor are clearly different. The person has come for help and the counsellor is the helper. As a result of the difference in roles, we need to be careful to avoid creating an undesirable power imbalance resulting in the person being disempowered. While recognising the essential difference in roles, what we want to do is to join in a collaborative process with the people we aim to help in a relationship where any power imbalance is minimised. When they are talking to us the conversation needs to be as natural as possible. If we ask too many questions the conversation will become very one-sided and our focus will tend to be on the issues troubling

**The person is more important than the problem**



the person instead of on the person and our relationship with them. This will interfere with our ability to join in a person-to-person relationship so that we can enable them to share, explore and find solutions to the issues that trouble them.

### **COMPROMISING THE COUNSELLING PROCESS**

Have you ever noticed what happens in a conversation when one person continually asks questions of another? In our experience, when this happens the person who is being questioned will often start to withdraw and wait for the next question to be asked before continuing. Similarly in counselling, asking too many questions will interrupt the normal conversational flow. The person seeking help may start to feel pressured and withdraw, and instead of thinking about what they want to tell the counsellor may wait for the next question before continuing. If during a counselling session you recognise that this process is occurring, it is usually advisable to reflect back content or feeling, or to summarise what you have learnt instead of following up with another question.

### **CONTROLLING WHAT IS EXPLORED**

A major problem with relying on the use of questions is that the counsellor may end up controlling the direction the conversation goes. This is, as a general rule, unfortunate, because it is desirable for the person seeking help to go in whatever direction their energy leads them. It is important for them to have the opportunity to fully explore the area in which their problem lies. We have noticed that often a person won't zero in on their real problem until they have spent some time meandering around the general problem area. If the counsellor tries to find out what is really troubling them by predominantly asking questions, they may never move towards the most painful things that are causing trouble, but may in fact just go off on a tangent in a direction of the counsellor's choosing. Once again, the solution is to predominantly use a reflective active listening approach rather than placing an over-reliance on the use of questions.

### **INAPPROPRIATELY USING 'WHY' QUESTIONS**

There is one particular type of question that we recommend counsellors try to avoid using unless absolutely necessary. Try to avoid asking questions beginning with 'Why'. The problem with asking 'Why' questions is that in response to such questions people tend to look for an intellectually thought-out response, rather than centring on what is happening to them internally. 'Why' questions tend to generate answers that are 'out there'—'out there' answers don't seem to come from inside the person and often aren't convincing. They frequently fall into the category of 'excuses' or 'rationalisations'. In comparison to 'Why' questions, questions beginning with 'What', 'How' and 'When' are generally more useful. Open questions often begin with these words, as will be discussed later in this chapter.



## SATISFYING THE COUNSELLOR'S NEEDS

It is very easy for new counsellors to fall into the habit of asking questions at inappropriate times instead of using other more useful micro-skills. If you find yourself doing this, ask yourself, 'What is my goal?' and 'Why am I relying on asking questions?'

It may be that you are using questions because you are curious and seeking information to satisfy your curiosity. If so, this is not a legitimate reason for asking questions. By asking questions to satisfy your own needs you might interrupt the natural flow of a person's conversation and they could find this intrusive. If your goal is to encourage them to talk, then you are probably using the wrong approach. More often than not, simply reflecting back what has already been said will encourage a person to continue sharing important and relevant personal information without the need for you to ask a question.

**Asking unnecessary questions can be counter-productive**

## The use of questions

From the previous discussion it is obvious that there can be problems with asking unnecessary questions and with asking questions at inappropriate times. Having said this, we would like to make it clear that at times, as will be discussed in Chapter 16, the appropriate use of questions can considerably enhance the counselling process.

Questions broadly fall into two categories: open questions and closed questions. Additionally, there are a number of types of question that are useful for specific purposes. Open questions and closed questions can both be useful in the counselling process and it is necessary for you to fully understand the difference between the two types. Then it will be clear when it is more appropriate to use closed questions, and when it is more appropriate to use open questions.

## CLOSED QUESTIONS

Closed questions are questions that lead to a specific answer. Usually the answer to a closed question is very short. It may be an answer like 'Yes' or 'No'. Consider for example the closed question 'Did you come here by bus today?' Obviously the most probable answer is either 'Yes' or 'No'. The person being asked the question may choose to expand on the answer but is unlikely to do so. Closed questions such as 'Do you love your wife?' and 'Are you angry?' usually lead to the answer 'Yes' or 'No'. If I ask the closed question 'How many years have you lived in Melbourne?', the answer might be 'Twenty-four', and it is a specific answer.

There are times in a counselling session when you will need to ask closed questions because you require an answer to a specific question. There are also other important reasons for asking closed questions, as we shall see later. However, there are some problems

**Responses to closed questions are usually short**



with asking closed questions and these will probably be apparent to you already. If you ask a closed question, it is possible that the person may continue to talk to you and to enlarge on the answer given, but it is not necessary for them to do that as they have not been invited to expand on their answer. Moreover, if they directly answer your question, they may feel restricted in the type of answer they can give. Another problem is that closed questions can be leading questions and sometimes suggest to a person that the counsellor has a specific agenda or point of view. They may then feel constrained with regard to what they may say, and may believe that it is important for them to respect what they perceive to be the agenda of the counsellor. For example, if a counsellor were to ask the question 'Do you think you did that because your mother is a domineering person?', the person being asked the question might feel restricted in what they would be able to say, believing that the counsellor sees their mother as domineering and their behaviour as a result of that. The counsellor's implied suggestion might constrain the person from thinking and talking freely. Lawyers in a court like to ask closed questions to restrict the range of answers that witnesses can give. Counsellors are not lawyers, and generally a counsellor's intention is to create an environment where the person feels free to speak openly about whatever they choose.

### OPEN QUESTIONS

The open question is very different in its effect from the closed question. It gives the person being asked the question a lot of scope, allows them to explore any relevant area, and encourages them to freely divulge additional material. If I ask the closed question 'Do you enjoy your work?', the answer is likely to be 'Yes' or 'No'. Contrast this with the open question 'What is your work like?' When asked this open question a person is freer to answer in a way that suits them, so their answer is likely to be richer in information. For example, they might explain that their work is complex, interesting, frustrating or overwhelming; involves different relationships with other workers; or involves practices that are worrying.

### EXAMPLES OF OPEN AND CLOSED QUESTIONS

Examples to illustrate the difference between closed and open questions are presented below. In each case we suggest that you might like to read the closed question and try to replace it by an equivalent open question yourself before reading the suggested alternative.

#### **Example 1**

**Closed question:** Do you feel angry?

**Open question:** How do you feel?



**Example 2**

**Closed question:** How many children do you have?

**Open question:** What can you tell me about your children?

(An alternative to this open question is to use a statement requesting information, such as 'Tell me about your children'.)

**Example 3**

**Closed question:** Do you argue with your wife often?

**Open question:** What is your relationship with your wife like?

**Example 4**

**Closed question:** Did you punish your son when he misbehaved?

**Open question:** What did you do when your son misbehaved?

**Example 5**

**Closed question:** Do you love your partner?

**Open question:** Can you tell me about your feelings towards your partner?

**Example 6**

**Closed question:** Is the atmosphere tense at home?

**Open question:** What's the atmosphere like at home?

The closed questions above give the person being asked the question little room to use their own imagination when giving an answer. The sort of answer given to a closed question will usually be direct and probably short. A closed question doesn't encourage the person to be creative and share new information, but tends to confine them to a limited response.

The open question is quite different, as you can see from the above examples. In each case, by asking an open question, the counsellor might get unexpected additional information. If you look at the open question 'What can you tell me about your children?', you will realise that the person being asked the question could give quite a number of different answers. For example, they might say, 'My children are beautiful and very happy' or 'I have two sons and a daughter' or 'My children are all grown up and my husband and I live happily together on our own'. It is clear from this example that by asking an open question the counsellor may get a

**An open question gives the person an opportunity to respond with new information**



variety of answers and may get an answer quite different from the one that might have been expected. This is an advantage, because counsellors are not mind-readers, and cannot know what a person is thinking unless the person tells them. Also, it is sensible for counsellors to use questions that will encourage a person to talk about those things that are of most interest to them, rather than those things that are of most interest to the counsellor.

### WHEN TO USE CLOSED QUESTIONS

As explained, it is generally preferable to use open questions rather than closed questions. Exceptions are when helping a person to be more specific, or when particular information is required. In these latter cases closed questions are appropriate. For example, in order to make sense of a person's story it may be that a counsellor needs to have information such as whether they are married, whether they have children, whether they live alone, or whether they are employed. If a counsellor needs to know such information in order to make sense of what the person is saying, then it may be appropriate to ask directly by using closed questions.

### PRACTICE EXAMPLES

Below are some more examples of closed questions. You may wish to practise framing open questions to replace them. Suggested open questions for each example are given later in this chapter.

#### Example 7

*Would you like fish for dinner tonight?*

#### Example 8

*Do you like it when your husband praises you?*

#### Example 9

*Was your mother a dominating person?*

#### Example 10

*Did your father make you come to see me?*

#### Example 11

*Did the change disrupt your life?*



## QUESTIONS FOR SPECIFIC PURPOSES

In the previous discussion we have strongly suggested that questions are best used sparingly. However, it is important to recognise that when questions are used creatively and appropriately, they can be extremely powerful. We will now consider a number of questions that are useful for specific purposes. In addition to the types of question described below, Chapter 22 includes examples of several other types of question that are specifically useful in enabling a person to make use of their strengths.

### Questions to invite the person to talk freely

When someone first comes to see a counsellor they need to be put at ease, particularly if they are not familiar with the counselling process. They are likely to expect the counsellor to start the conversation. Obviously, as part of the joining process, the counsellor needs to introduce themselves. It is also important for the counsellor to give the person an invitation that will help them to feel free to talk about anything they want. This can be done by asking questions such as:

*'Would you like to tell me why you have come to see me?'*

*'What is it that you would like to talk to me about?'*

*'Are you able to tell me what's troubling you?'*

When asking questions such as these it is important for the counsellor to be patient and not to hurry the person. It is quite common for someone coming to a counsellor for the first time to find it difficult to start talking and to say, 'I don't know where to start'. In this case it can be useful to say, 'Sit quietly, take your time, there is no hurry. When you're ready tell me whatever it is that comes into your head.' By doing this you will give them permission to take their time, to sort out their thoughts, and then to start talking.

Sometimes it is useful to ask, 'Would you like to tell me more?' This can be particularly useful when a person has given a very brief summary of the problem and is uncertain about whether or not it is appropriate for them to go into more detail.

### General information-seeking questions

We use general information-seeking questions in everyday conversation in order to find out information which may be useful or of interest to us. In counselling, when such questions are framed in a way that indicates the counsellor's genuine curiosity and interest, the person seeking help is likely to feel valued and to respond positively. Requests for information should be made with caution. As a counsellor, before you ask for information, ask yourself whether you really need it. If you didn't have the information would you still be able to be of help? If the answer to that question is 'Yes', then asking a question may be unnecessary, and the desire to ask the question may stem from your own needs. In our opinion, there is little justification for a counsellor seeking



information solely in order to satisfy their own curiosity. As explained previously, to do so would be to pry unnecessarily into the person's affairs. Such prying is likely to intrude into the counselling process and interrupt the natural flow of the counselling interaction.

### **Questions that clarify what a person has said, or help them to be more specific**

People in counselling frequently make very general, vague statements, and this is unhelpful to both them and the counsellor because it is impossible to think clearly about a problem if it is expressed in vague, woolly, non-specific language. Consequently, when a person makes such a statement, it is often useful for the counsellor to ask a question to help them to clarify their thinking, be more specific and to focus more clearly on what is troubling them. For instance, if they make a vague statement like 'That sort of thing always makes me annoyed', it may not be at all clear to either them or the counsellor what is really meant by the words 'that sort of thing'. It is then appropriate for the counsellor to ask, 'What sort of thing?' Similarly, a person might say, 'I just can't stand it any more'. The word 'it' is non-specific and to help the person to be more specific the counsellor might ask, 'What is it that you can't stand any more?' Similarly, consider the statement 'I'm fed up with him'. This is a very general statement and may need clarification, in which case the counsellor might respond by saying, 'Can you tell me in what ways you are fed up with him?'

### **Questions to heighten a person's awareness**

These questions are commonly used in Gestalt Therapy (Clarkson, 2005), which is discussed in Chapter 13. The aim of these questions is to help the person to become more fully aware of what is happening within them, either somatically or emotionally, so that they can intensify their bodily or emotional feelings, deal with them, and move on to discussing associated thoughts. Typical questions in this category are:

*'What are you feeling emotionally right now?'*

*'Where in your body do you experience that emotional feeling?'*

*'Can you tell me what's happening inside you right now?'*

*'What's happening inside you right now?'*

If a person is starting to cry, the counsellor might ask, 'Can you put words to your tears?' This may enable them to verbalise thoughts related to the internal experience. By doing this, these thoughts can be processed, the counsellor is aware of them, and can achieve empathic joining and help the person to move ahead. Similarly, if a person seems to be stuck and unable to speak, the counsellor might ask, 'Can you tell me what is happening inside you right now? What are you experiencing in your body?'



### Transitional questions

Generally, as we have discussed previously, it is important to allow the person seeking help to travel in their own direction at their own pace in the counselling conversation. However, sometimes a person will deflect away from discussing important issues. One way of addressing this is to give them feedback about the process that you have noticed, and to say something such as, 'I notice that you have moved away from talking about ...' An alternative is to use a transitional question.

The transitional question effectively returns the focus to an earlier part of the discussion. Transitional questions generally start with a statement about an earlier part of the conversation, and then raise a question about that earlier discussion. Examples of transitional questions are:

*'Earlier you talked about the option of leaving your job. I'm wondering how you're feeling about that option now?'*

*'A few minutes ago you mentioned the possibility that you might consider killing yourself. I'm wondering how you're feeling about the possibility right now?'*

*'Earlier today you mentioned that you are extremely troubled by your relationship with your neighbour. Would you like to spend some time talking about that relationship now?'*

*'I've noticed that several times you've alluded to your fear of the future. Would you like to tell me more about that fear?'*

When using transitional questions the counsellor makes a clear decision to be an active participant in the conversation, and to take responsibility for introducing a possible change in the direction of the counselling process.

### Choice questions

Choice questions have their origin in Reality Therapy, later known as Choice Therapy (Glasser, 2001), which is discussed in Chapter 13. These questions are especially popular for use by counsellors who work with young people, as explained in our book *Counselling Adolescents* (Geldard & Geldard, 2010). These questions provide a way for a counsellor to help a person recognise that they have choice about the way they think and behave, and that there are consequences associated with their choices. Choice questions specifically invite the person to think about and consider alternative choices. Examples of choice questions are:

*'What would have been a better choice for you to have made at that time?'*

*'In what other ways could you respond to that?'*

*'If the same situation arises during the coming weeks, what do you think you will do? (Will you do this, or will you do that?)'*

*'What would you like to do now, would you like to continue talking about this issue or would you like to leave it there for now?'*



Such questions about the past, present or future enable a person to look at the likely consequences of different behaviours. By exploring choices and consequences, they are likely to be better prepared for future situations.

### **The guru question**

Guru questions have their origin in Gestalt Therapy. When using this type of question, the counsellor first invites the person to imagine that they can stand aside and look at themselves from a distance, and then to give themselves some advice. For example, the counsellor might say, 'Imagine for a minute that you were a very wise guru and that you could give advice to someone just like you. What advice would you give them?' With some people this approach can be extremely helpful, as human beings often find that it is easier to give advice to other people than to recognise and own what is the most sensible thing for them to do themselves. See Chapter 27 for further information regarding the guru question.

### **Career questions**

Career questions have their origin in Frank Farrelly's Provocative Therapy (Farrelly & Brandsma, 1989) and are questions that exaggerate and extrapolate beyond the present behaviour of the person seeking help. They help them to recognise that they have choice about the direction in which they are heading and that this choice might lead to extremes of lifestyle. An example of a career question is: 'What would it be like for you to make a career out of being an extremely high achiever who set an example for everybody else by giving up everything except hard work?' This question raises the person's awareness of a path or journey along which they can progress, if they wish. It enhances their ability to make choices at the current point in time, to bring about change that might have long-term positive consequences for them.

Career questions have a level of paradoxical intent. They are asked in the hope that the ensuing discussion will lead the person to make a sensible choice that will result in them choosing satisfying behaviours that are not extreme and are not likely to result in negative consequences for them. However, we need to be careful to use these questions with discretion or they may become self-fulfilling prophecies. Consider the question: 'Would you like to continue your shoplifting behaviour, take more risks, and move on to becoming a career criminal?' While this question might be useful for some people, for others it might encourage them to follow the 'suggested' career.

### **Circular questions**

Circular questions come from the Milan Model of Family Therapy (Palazzoli et al., 1980). They are most useful when working with couples or families. However, circular questions can also be useful when working with individuals who are having difficulty in getting in touch with their own feelings, attitudes, thoughts or beliefs. Instead of



asking them directly about how they feel or what they think, or what their attitude is, the counsellor asks them how someone else feels or thinks, or asks what another person's attitude might be. Examples of circular questions are:

*'I wonder how your brother feels now that your father has gone to jail?'*

*'If your wife was here, what do you think she would say about your need to come for counselling?'*

*'How do think your colleague feels about the possibility that you might both be retrenched?'*

*'If you had to guess, what do you think your wife's attitude is to your loss of mobility?'*

By asking circular questions such as these, the counsellor effectively invites the person to speculate about someone else's feelings, thoughts, beliefs or attitudes. This can be less threatening than asking them to talk directly about themselves. Often, having answered a circular question, a person will continue by talking about their own feelings, beliefs or thoughts, because they want to make it clear whether they agree or disagree with the person who was mentioned in the circular question.

If you would like to learn more about circular questions, we suggest reading our book *Relationship Counselling for Children, Young People and Families* (Geldard & Geldard, 2009).

### **Miracle questions**

Miracle questions are used to help a person begin to find hypothetical solutions to the problems they are experiencing. Typical miracle questions are:

*'If a miracle happened and the problem was solved, what would you be doing differently?'*

*'If things changed miraculously, what would life be like?'*

*'If you waved a magic wand, what would be different?'*

This sort of question comes from Solution-Focused Therapy (see Chapter 13) and appeals to people who have a good imagination. Such questions enable them to explore what would be different if their situation changed for the better. As a result of thinking about ways in which things might change, they are likely to explore new ideas that might be useful in helping them to make changes.

### **Goal-oriented questions**

Goal-oriented questions come from Solution-Focused Therapy (see Chapter 13) and are direct questions that invite exploration of ways in which things could be different. They can help a person to identify broad changes that they might like to make. In exploring how things could be different, goal-oriented questions invite the person to look ahead to the future. Examples of goal-oriented questions are:

*'What do you think your life would be like if you didn't get angry?'*

*'How would you know that you had resolved this problem?'*



*'Can you tell me what your life would be like, and what sort of thing you would be doing, if you were no longer feeling miserable?'*

*'If you had a particular goal that you wanted to achieve with regard to ... what would it be?'*

*'How would you like things to be?'*

*'When you think about ... can you identify any particular goals?'*

Other goal-oriented questions identify perceived restraints that, in the mind of the person seeking help, interfere with their ability to achieve particular goals. They help them to identify ways to overcome these restraints. Examples are:

*'What stops you from achieving your goal?'*

*'What would you need to do to achieve your goal?'*

### Scaling questions

Scaling questions also come from Solution-Focused Therapy (see Chapter 13) and often lead into goal-oriented questions, as they are related to goals. They help the person to be specific when identifying and discussing goals. Examples of scaling questions are:

*'On a scale of 1–10, 1 being hopelessly incompetent and 10 being really competent, where do you think you fit right now?'*

*'On the scale of 1–10, where would you like to be in the future?'*

*'If 1 corresponded to being an honest and upright citizen, and 10 corresponded to being a hardened criminal, where would you like to be?'*

### In conclusion

In this chapter we have looked at the usefulness of closed and open questions and have discussed the differences between the two. We have also considered the use of a number of questions that are useful for particular purposes. Now is the time for you to practise using questions. There is a risk that through practising asking questions, you may quickly become reliant on using them excessively. If that were to happen it would be unfortunate because, as explained previously, instead of the person seeking help feeling that you were travelling beside them as they explored their thoughts and feelings, they would feel more as though they were being interrogated. This would greatly diminish the quality of the counselling relationship and would inhibit the person from opening up freely. When a person is continually questioned, they tend to withdraw rather than to open up.

**A counselling  
conversation  
should flow  
naturally and  
easily**

Remember that paraphrasing and reflection of feelings are more likely to motivate a person to talk freely than asking questions. Because of this, we suggest that when you are practising asking questions you try to ask only one question in every three or four responses, with the other responses being reflection of content or feelings, or minimal responses. There is no need to be rigid when doing this, because



counselling needs to be a natural, free-flowing process rather than conforming to rigid rules. However, if you use fewer questions than other responses in practice sessions, then your continued practice of the most important basic reflective responses will be ensured. Consequently, when you start your work as a counsellor you will be skilled in reflection of feelings and content, and will use questions only when it is advantageous to do so because reflection is not appropriate.

## Suggested open questions to replace closed questions in practice examples

### **Example 7**

*What would you like for dinner tonight?*

### **Example 8**

*How do you feel when your husband praises you?*

### **Example 9**

*What was your mother like? or How did your mother behave in her relationships with other people?*

### **Example 10**

*What brought you here?*

### **Example 11**

*How did the change affect your life?*

## Learning summary

Dangers in asking too many questions relate to a number of factors, including:

- > The counselling session may become more like an interrogation.
- > The counsellor may deflect the person seeking help from the most important issue by controlling the direction of the session.
- > The person may stop exploring their own world and instead wait for the counsellor to ask more questions.

Closed questions:

- > lead to a specific answer



- > confine the person to a limited response
- > help the person to be more precise
- > are useful in eliciting specific information.

Open questions encourage a person to:

- > share new information
- > speak freely and openly
- > bring out those things that are of most importance.

There are a wide variety of questions that are useful for specific purposes at particular points in a counselling session.

Counsellors are not justified in asking questions merely to satisfy their own curiosity.

## Training group exercises

### 1. Open question practice

Without talking to other members of the group, write down open questions to use in place of the following closed questions:

- a. Are you intending to arrive at 2 pm?
- b. Are you disappointed?
- c. Do you have two children?
- d. Is your household always tense?
- e. Will you achieve your goals by writing to him?
- f. Did he assault you?

After everyone has finished this task, discuss your answers with your training group.

### 2. Triad practice

Working in triads, practise all of the skills learnt so far, as explained in Chapter 4. Introduce questions where appropriate but try to limit these to not more than one question in every three or four responses. Focus on using your responses to join with the other person by letting them know that you are listening attentively. The observer is to keep a tally of the number of times each type of micro-skill is used (minimal responses, reflection of content, reflection of feeling, reflection of content and feeling, and questions), while also noting the verbal and non-verbal behaviours of the person seeking help and the trainee counsellor.

After completing the exercise, the triad members can debrief. The counsellor can comment on their experience and anything they would have liked to do better. The



person seeking help might comment on what the counsellor did that felt good. The observer can share information from their notes.

All three triad members can then share their overall feelings and thoughts related to the practice session.

Next, in the whole training group there should be a general sharing of feelings and thoughts related to the triad practice. In particular, the value of using the skills learnt so far should be discussed, especially with regard to the development of a useful counselling relationship.

### 3. Development of expertise in using a range of question types

Working individually, write down a question for each of the following purposes that you might ask a person seeking help:

- To invite the person to talk freely
- To seek information
- To clarify what has been said
- To heighten awareness
- To move back to a topic previously mentioned
- To provocatively highlight a person's choices regarding their future behaviour
- To investigate how the person thinks some other person might think or feel about what is happening
- To check out a position on a scale

When doing the above exercise you might like to make a note of a particular situation that your question relates to.

After completing the exercise share your questions with members of the training group and discuss their usefulness.

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# Chapter 10

## Summarising

The skills we have discussed previously have been those designed to create a good counselling relationship so that the person seeking help will feel free to talk openly about the issues that are causing them emotional distress. If we use the analogy of the counsellor walking alongside the person seeking help, on a journey, then the skills we have described encourage the person to continue on their journey. As this journey of exploration occurs, they are able to move in a direction of their own choice with the counsellor walking alongside. While on the journey it can be helpful if, from time to time, the person stops to review the ground they have covered. The counsellor can create an opportunity for such a review by using the skill called *summarising*.

Summarising is rather like paraphrasing. When a counsellor paraphrases, they listen to what the person says in a single statement and then reflect back what they have heard using their own words. When summarising, what the counsellor does is to listen, not just to one statement but to the person's story as it unfolds. At appropriate intervals, the counsellor reflects back a summary of the overall content of what the person has said. This summary draws together the main points from the content, and may also take into account feelings that have been identified.

**Summarising involves reflecting back the essence of the person's story**

A summary does not involve a complete re-run of the ground covered, but rather picks out the salient points, the important things



that the person has been talking about, and presents them in such a way that the person is provided with an overview of what they have been discussing. By doing this, the counsellor lets the person know that they have been heard and understood and enables them to absorb and to ponder on what they have been sharing. Summarising clarifies what they have been saying and presents this succinctly so that they are better able to see a clear picture of the situation.

Frequently when a person comes to counselling they are confused. It is as though they are walking through a forest and can see nothing clearly. They are lost in a confusing jungle of overgrowth and trees. By summarising, the counsellor assists them to see the trees more clearly and to find a path between them.

The following is a short transcript of part of a practice counselling session to illustrate the use of summarising.

### Transcript to illustrate summarising

**Person seeking help:** *You know ... {pause} ... I really believe in people taking responsibility for themselves ... {pause} ... and so I can't really understand why it is that I do so much worrying about my brothers.*

**Counsellor:** You sound puzzled by your concern for your brothers. (Reflection of feeling and content.)

**Person seeking help:** *Yes, I am concerned. I'm not too sure what it's all about because I even seem to be worrying about them when I'm at work, and yet I know that they are adults and are quite capable of looking after themselves.*

**Counsellor:** Even though you know they're adults, you still worry. (Reflection of content and feeling.)

**Person seeking help:** *Yes, I do, incessantly. I'm always thinking the worst, you know. That maybe Bill has had an accident in that crazy car which he will insist on driving around, and I'm afraid that as far as Sidney is concerned, he's just not in very good health. I'd hate anything to happen to either of them.*

**Counsellor:** Even as you speak now you sound anxious. (Reflection of feeling.)

**Person seeking help:** *Yes, I am anxious, I'm really anxious ... {pause}*

**Counsellor:** As you experience that anxiety can you tell me more about it? (Open question.)

**Person seeking help:** *Yes, yes I think I can, I'm just, uh-mm, becoming aware of some very painful memories that I have of my elder sister. {Said slowly and with hesitation.}*



**Counsellor:** I get the impression that you're finding it difficult to talk about your memories. (Reflection of feeling.)

**Person seeking help:** *Yes, it's really painful for me to remember what happened to her. I was really very fond of her and I hurt inside when I think about the way she finished her life. {Voice quivering.}*

**Counsellor:** It distresses you to think about her death. (Reflection of feeling and content.)

**Person seeking help:** *Yes, it does. You see, she killed herself. She took an overdose and it was too late when we found her.*

**Counsellor:** I can understand you feeling very sad. (Joining statement, bringing closeness between the person and counsellor.)

**Person seeking help:** *{Sobs} ... yeah, it was very sad for me and it still is. I just wished I could have done something to have changed the way she saw her life.*

**Counsellor:** You wish that you could have helped her. (Reflection of feeling and content.)

**Person seeking help:** *Yes, I do. I would love to have been able to put my arms around her and to tell her that I really loved her. I couldn't have told her that her life was good because it wasn't, but I could have told her that she mattered to me.*

**Counsellor:** You'd have liked to have told her how much you cared about her. (Reflection of content.)

**Person seeking help:** *Yes, I would, and I guess that if I had, I would feel a lot better now, even if she had still killed herself. I suppose it would have been much better for me if I could have told her how I felt when she was alive and now it's too late.*

**Counsellor:** You're sad because you missed an opportunity. (Reflection of feeling and content.)

**Person seeking help:** *Yes, I did, and I suppose I'm starting to realise something about the way I feel anxious when I think about my two brothers. You see, I would really like to be able to tell them how much I care about them, but somehow I just can't.*

**Counsellor:** You've told me how you worry about your brothers and how your sister killed herself. It seems as though you're really sad because you weren't able to tell your sister that you really cared for her when she was alive and now you'd like to be able to tell your brothers that you care about them, but somehow you can't. (Summary.)

**Person seeking help:** *You're right. That's what my problem is. I think what I need to do is to go and talk to them, and then maybe I'll stop worrying about them.*



## What the summary does

If you look at the above transcript you will see that, in summarising, the counsellor tied together the elements of what the person seeking help had said during the previous statements. This enabled the person seeking help to put the whole package together and, as a result, to get some resolution. The resolution was the person's own and as such was fitting for them. It wasn't suggested by the counsellor.

## When to summarise

Summarising is something that needs to be done from time to time during a counselling session so that the person is able to clarify their ideas and combine the various elements of what they are saying into an understandable form. In particular, towards the end of the counselling session it is often sensible for the counsellor to summarise the main issues that were dealt with during the session. By doing this, the counsellor ties together the thoughts, ideas and feelings that were expressed in the session, leaving the person feeling less confused and better able to deal with their life situation. This tying together enables the counsellor to move towards closing the session, as explained in Chapter 12.

## Learning summary

### Summarising

- picks out salient points,
- draws these together, and
- reflects them back in a clear and precise way.

## Training group exercises

### 1. Identifying micro-skills used

Working independently, read through the transcript below and write down the types of counsellor response used (e.g. reflection of feelings, minimal response). Also write down a summary to be given at the end of the transcript.

**Person seeking help:** *My anxiety rises when I think about going to work. I almost start to panic ... I wonder how I am going to cope with another day at that place.*

**Counsellor:** You're really worried. (Counselling skill used: \_\_\_\_ )

**Person seeking help:** *Worried? I feel as though I'm going crazy. I despair. The new boss is putting in place policies which infuriate me. They disadvantage our customers and are frankly*



*disrespectful. She doesn't seem to understand the basics of modern commercial practice and if I comply with her wishes I will compromise my own standards. I just don't know what to do.*

**Counsellor:** You are faced with a dilemma. (Counselling skill used: \_\_\_\_ )

**Person seeking help:** *Yes, I am. If I continue to work there I either have to compromise my ideals or I will be in continual conflict with my boss. I'd like to leave, but the pay is excellent, and in the present economic climate good jobs in my line are difficult to find.*

**Counsellor:** You're stuck in a frustrating situation because finding a new job wouldn't be easy. (Counselling skill used: \_\_\_\_ )

**Person seeking help:** *It wouldn't. There aren't many jobs being advertised right now. But I'll keep looking because I do want to leave and eventually a new opportunity is sure to turn up. I suppose in the meantime I'll have to make the best of the present situation. That's where my difficulty lies.*

**Counsellor:** What ideas do you have about ways of responding to your current work situation? (Counselling skill used: \_\_\_\_ )

**Person seeking help:** *Well, I suppose that I could avoid conflict by following the new policy but interpreting it fairly loosely whenever I can. Also, I could be clear with customers that I don't have any alternative but to follow company policy. That way, I would be making it clear that I wasn't being personally uncooperative. I'd need to be careful how I did that though, because I do have some loyalty towards the firm.*

**Counsellor:** I am getting the impression that you believe that you could accept some compromise without too much difficulty. (Counselling skill used: \_\_\_\_ )

**Person seeking help:** *Yes, there are ways to alter the way I work without feeling personally compromised, particularly if I remember that I intend to leave as soon as I can ... mm ... Yes, I know what to do.*

Write a summary for the counsellor to use at this point in the conversation.

After completing the exercise discuss your answers with your training group.

## **2. Group practice involving summarising**

From your group ask for a volunteer counsellor and a person seeking help who are to conduct a few minutes of a practice counselling session while being observed by the rest of the group. The trainee counsellor should avoid giving a summary of what the person seeking help shares but should stop the counselling process when they believe that it would be helpful to summarise. Each member of the group can then be invited to write down a possible summary. After completing this, participants can share their summaries with the group.



This exercise can be repeated two or three times with other members of the group volunteering to be the counsellor and the person seeking help.

### 3. Triad practice

As described in Chapter 4, practise counselling in triads making use of all the skills learnt so far, including summarising.

After completing the practice session, discuss your experience in the whole training group, with particular reference to the value of the various skills and the influence of them on the conversation.

### FURTHER READING

- Ivey, A.E. & Ivey, M.B. 2008, 'Encouraging, paraphrasing, and summarizing: skills of active listening', in A.E.Ivey & M.B. Ivey, *Essentials of Intentional Interviewing: Counselling in a Multicultural World* (pp. 74–88), Brooks/Cole, Belmont.
- Mearns, D. & Thorne, B. 2007, *Person-Centred Counselling in Action*, Sage, London.
- Tolan, J. 2003, *Skills in Person-Centred Counselling & Psychotherapy*, Sage, London.



# Chapter 11

## Matching language and metaphor

In Chapters 5 to 10 we covered what are generally known as Rogerian skills. These skills were identified as useful by Carl Rogers and include joining, listening, reflecting and summarising. We also considered the use of questions which can be helpful in enabling a person to talk about their situation in more detail. In this chapter, and in Chapter 24 (Reframing), we consider skills that derive from Neuro-Linguistic Programming as developed by Bandler and Grinder.

### Different ways of experiencing the world

You are a unique individual. No one else is exactly like you. We, David and Kathryn, the authors, are both unique, as all human beings are. Being unique is important to each of us. We are both different from each other, and we are different from you. All of us in the world are in some ways different from each other. The ways that we do things are different, and most importantly, the ways that we experience and think about the world are different. An important difference in the way individuals experience the

world has to do with the senses we all use for maintaining contact with our environment.

**Every person is  
unique as no one  
else is exactly  
the same**

As you know, there are a number of different senses that we use to experience our world. We can smell, taste, touch, see and hear.



## THE FEELING (OR KINAESTHETIC) MODE OF AWARENESS

By smelling, tasting and touching we make contact with things that are present in the environment surrounding us. Additionally, we have sensations within our bodies that are a response to our external environment. For example, when we are anxious our bodies may tense up or we may get 'butterflies in the stomach'. When we are excited our adrenalin flows faster and our metabolism speeds up.

The senses of smelling, tasting and touching, together with our internal bodily sensations, link up with our emotional feelings. These sensations and feelings combine to contribute to our awareness of the world. Together, they make up what is generally referred to as the *feeling* or *kinaesthetic* mode of awareness.

## THE SEEING AND HEARING MODES OF AWARENESS

We may also be aware of our world by using either the seeing mode or the hearing mode of awareness. By using either of these modes we experience the world that we live in.

## THREE IMPORTANT MODES OF AWARENESS

Hence, we can describe three important ways that we can experience the world by using our senses. These are:

1. the *feeling* or *kinaesthetic* mode
2. the *seeing* or *visual* mode
3. the *hearing* or *auditory* mode.

## Individual differences

We all have different abilities. Some of us are good at maths, others at languages, and some are good at doing things with their hands. During our lives most of us discover those things that we are good at and those things that we do not do so well. In the same way that we develop different practical and academic abilities during our lives, some of us learn to use particular senses more effectively than other senses. For example, there are people who are very good at detecting things that smell, and other people who have acute hearing and can hear the slightest sound. Some people are really observant and readily notice small details which other people miss. When David learnt to be a scuba diver, his teacher was extremely observant and would frequently see things that David missed. For example, David's teacher would see the heavily camouflaged and dangerous stonefish lurking among the rocks where he was probing, whereas David would fail to see a stonefish until it was pointed out.

## Using different ways to think

Not only do people experience the world differently, but they also think in different ways. Some people think predominantly by using visual imagery (the seeing mode),



others think in the hearing mode by talking to themselves mentally, and others think in terms of their feelings and bodily sensations (feeling or kinaesthetic mode). There may be people who are equally versatile and can think easily in all or any of the three modes, but most people seem to rely more strongly on one mode than the others. What mode do you think in? Are you predominantly visual, auditory or feeling (kinaesthetic), or do you use these three modes equally?

**Most people use some senses more frequently than others**

If you listen to someone talking, and listen carefully to the words being used, you are likely to get some clues as to which mode they generally use when they are thinking. Consider a few examples. Some people use expressions like: 'I hear what you say', 'It sounds as though you are saying', 'It sounds as though', 'Tell me what happened' or 'That rings bells for me'. People who use that sort of language are using the hearing mode of thinking. There are other people who will say things like: 'I see what you mean', 'I've got a clearer picture of the situation' or 'It looks good'. People who talk like that are using the seeing mode to think. The third category of people is the group who predominantly think and experience the world by using feeling methods. They say things like: 'It feels good', 'You touched a raw nerve there' or 'I sense your discomfort'.

## Matching the person seeking help

Previously we've considered the value of matching the way that a person behaves. We've talked about how it can be helpful to sit in a similar way to them, to talk at the same pace and with the same tone of voice, and to match their breathing. Doing these things can give the person a feeling of connection with you, so that they feel comfortable, safe, and able to share openly. Another way that a counsellor can join is by using similar language to the language used by the person seeking help.

**Matching a person's mode of speaking is useful in joining**

If a person is using predominantly 'seeing' language, then it can be advantageous for the counsellor to use 'seeing' language too. By doing this they are likely to enhance the person to person relationship. Similarly, if the person is using 'hearing' language, in order to join effectively it will be advantageous for the counsellor to use hearing language, and of course the same is true when it comes to 'kinaesthetic' or 'feeling' language. You might find that it is challenging but satisfying to learn the skill of matching a person's mode of speaking. When you are listening to people in general conversation, listen carefully to find out their preferred mode. If you respond in the same mode you may improve your rapport with them.

## PRACTICE EXAMPLES OF COUNSELLOR RESPONSES

The following are some examples of statements made by a person seeking help together with suggested counsellor responses. In each case, notice that the response is in the



correct mode; that is, one of the hearing, feeling or seeing modes. Once again it is suggested that you cover up the given response and invent a response yourself. You can then compare your response with the one provided.

### Example 1

**Person seeking help:** *I went back there once more, but, as before, the place gave me bad vibes. I had to leave because my stomach was churning and my hands were sweating.*

**Counsellor response:** You felt so uncomfortable that you left. (Feeling mode.)

### Example 2

**Person seeking help:** *In the past, my mother has frequently criticised my wife, and I have always listened to what she has said. Recently though, I've started to question what she's told me and I'm inclined to say that some of her statements about Monica may be wrong.*

**Counsellor response:** It sounds as though you've got doubts about the accuracy of what your mother tells you. (Hearing mode.)

### Example 3

**Person seeking help:** *She gave me a bunch of flowers and I was really touched by that. In fact, I feel quite different about our relationship now because the coldness we experienced before has been replaced by warmth.*

**Counsellor response:** Your feelings towards her have changed, and are now very pleasant. (Feeling mode.)

### Example 4

**Person seeking help:** *It seems to me that the writing's on the wall, there's nothing that I can do to save the situation, and I can see nothing but disaster from now on.*

**Counsellor response:** The outlook's a really bad one. (Seeing mode.)

### Example 5

**Person seeking help:** *It's as though there is a brick wall around him. It has no door, and no way in or out. When I look over the wall I see a very strange person.*

**Counsellor response:** You picture him as a strange man surrounded by a brick wall. (Seeing mode.)



### Example 6

**Person seeking help:** *When she spoke it was as though a bell was ringing in my head warning me not to prejudge what she was saying. Consequently, I heard what she told me, responded sensibly, and then said to myself, 'Well done, you've avoided another terrible argument'.*

**Counsellor response:** You listened to your own internal warning system and the outcome sounds good. (Hearing mode.)

### Matching metaphors

Many of us use metaphors in our daily lives without realising that we are doing this.

Let us explain. Rather than directly describing a specific aspect, situation or process that relates to, or has related to, our lives, we use an alternative symbolic description to represent the real-life picture. This alternative description is called a *metaphor*. For example, we might say 'I'm trapped in the maze. Every time I turn a new corner it leads to a dead end' in order to describe feelings of frustration and the inability to find resolution to a problem. The maze is then a metaphor for the real-life situation.

Have you noticed how many people make use of metaphors in their everyday speech? In counselling sessions people often use metaphor to describe their situation.

Here are some examples of the use of metaphor:

### Example 7

*'I can see myself being swept away by a river. I can't control my direction and I'm afraid that I'm going to drown.'*

### Example 8

*'It's like being at a rock concert with the music turned up so loud that I can't think. The tune I want to hear is being drowned out by other people's music.'*

### Example 9

*'I can't breathe. I'm being suffocated; the stale air is poisoning me.'*

When a person uses metaphors such as these, it can be helpful if the counsellor responds by making use of the same metaphor and the same mode of speech.

In Example 7 above, the person uses the seeing mode to describe a metaphor of a river. In this case, it could be helpful for the counsellor to respond by using the same mode and metaphor. The counsellor might respond by using reflection to say, 'You see the river as more powerful than yourself'.



situation. Clearly, you will need to make a personal decision for yourself in this regard and may wish to explore this issue with your supervisor.

## Building on skills already learnt

In your practice sessions, we suggest that you might wish to continue to practise those skills you have already learnt and to practise matching language by using the same mode and metaphors as the person seeking help. If you do this, then the words you use may be more meaningful for them. Note that the ideas expressed in this chapter have their origins in Neuro-Linguistic Programming. If these ideas strongly appeal to you, then you may wish to learn more about Neuro-Linguistic Programming once you have mastered basic counselling skills (see the suggestions later regarding further reading).

## Learning summary

- Three important modes of experiencing the world are the seeing, feeling and hearing modes.
- An individual may predominantly use one of the three modes.
- Matching a person's predominant mode and any metaphor used can help in the joining process.

## Training group exercises

### 1. Recognition of mode used

Each student is to be given three coloured cards. For example, a yellow card may be marked 'feeling', a blue card 'seeing' and a red card 'hearing'. The students are then told that the group facilitator will read out a statement, and that when they recognise either the feeling, seeing or hearing mode they are to hold up the relevant card. The following statement will then be read out slowly including pauses:

*'I remember the scene as I sat on the sand, which was cold and wet. As I sat there, I heard some seagulls squawking as they flew overhead casting shadows on the sand, and I could hear the waves crashing. On the horizon, I noticed a ship steaming along, and at the same time a young man's footsteps thumped past me as he ran along the beach. I thought about what was going to happen later in the day and could picture the beautiful house that we were going to visit for tea. I imagined myself walking through the garden of the house and admiring the beautiful flowers that grew there. My body tingled with excitement in anticipation, and I told myself to be patient.'*



## 2. Responding using the appropriate mode and/or metaphor

Working individually, write down a suitable counsellor response (a reflection of content and/or feeling) for each of the statements below:

- a. *'I really do need to complete the project in a hurry. I can hear the clock ticking by and know that if I delay any more the other members of the team will start to earbash me.'*
- b. *'I feel as though I'm flying by the seat of my pants and that gives me shivers right down my spine. I'm not secure.'*
- c. *'I can visualise him now, doing nothing. All he does is to lie around getting in my way. I've half a mind to pick up his belongings and throw them out of the door. It would be interesting for me to watch his reaction.'*
- d. *'I can picture the scene. Me lying dead in a pool of blood and then Frank rushing home to protect me. It will be too late then. He will have missed the bus.'*
- e. *'I can sense when he's in a bad mood. He's like a time-bomb ready to go off. The atmosphere's tense and I'm scared in case I accidentally set off the detonator.'*
- f. *'I need to listen to my own ideas and not Mum's. What she says always sounds good but I always get taken to the cleaners. I'm going to tell myself to be careful from now on.'*

After completing the exercise share your responses with your training group.

## 3. Creating and expanding metaphor

Working individually, devise and write down a suitable metaphor to be used in place of each of the statements below. Then extend the metaphor, as explained in this chapter, on the assumption that the person seeking help starts to see a more helpful alternative to what is currently occurring.

- a. *I keep making the same mistake each time I am confronted with a similar situation, with the consequence that I get the same unsatisfactory outcome.*
- b. *I work extremely hard—so hard that I feel exhausted most of the time—but I just can't manage to complete the work I need to do in time.*
- c. *I thought I was managing quite well but now I realise that I'm in imminent danger of losing everything I cherish. When I think about the future all I can see is disaster.*
- d. *I'm taking a big risk by putting all my effort into trying to get the top job. I know that I am antagonising the other workers and if they gang up against me I could lose everything and get fired!*

## FURTHER READING

- Bandler, R. 1993, *Time for a Change*, Meta, Cupertino, CA.
- Bandler, R. & Grinder, J. 1990, *The Structure of Magic: A Book about Language and Therapy*, Science and Behavior Books, Palo Alto, CA.
- Burns, G.W. 2001, *101 Healing Stories: Using Metaphors in Therapy*, Wiley, New York.
- O'Connor, J. & Seymour, J. 2003, *Introducing NLP Neuro-Linguistic Programming*, 2nd edn, Thorsons, London.



# Chapter 12

## Creating comfortable closure

It is often very hard for new counsellors to know when to end a counselling session or when to terminate a series of counselling sessions. In this chapter we will discuss the following:

1. ending an individual counselling session
2. the need for ongoing appointments
3. dependency issues
4. ending a series of counselling sessions.

Ways to finish a telephone counselling call are discussed in Chapter 33.

### 1. Ending an individual counselling session

Most counselling agencies and private practice counsellors schedule a particular length of time for each counselling session, and it is fairly common for this to be one hour. In our experience, this is a suitable time for most individual counselling sessions, although a longer time may be required for marital or family counselling. Of course, there are exceptions. Sometimes it will be clear after a shorter time that an interview can be terminated because the person seeking help has resolved their issues and there is little point in sitting around chatting unnecessarily. At other times it may be apparent that a person is in a highly distressed emotional state at the end of a one-hour session and it may be necessary to continue the interview for longer.



## WORK TO BE DONE BETWEEN SESSIONS

After finishing a counselling session the counsellor may need to make another appointment for the person who is leaving, to show them out, and to write up notes on the interview. The counsellor may also need to debrief, as otherwise there may be emotional consequences for them as a result of listening to an emotionally charged story. When a counsellor is not able to debrief, they may not be emotionally ready to meet a new person and they risk setting themselves up for burnout (see Chapter 41, 'Looking after yourself'). Debriefing can sometimes be achieved just through writing up case notes, or having a cup of tea, or by chatting informally with someone. However, in cases where a counselling session has been particularly stressful for the counsellor it may be necessary for them to talk through their issues with a supervisor or another counsellor. After debriefing, the counsellor needs to prepare for the next person by reading case notes, if they are available.

Because of the counsellor's own needs and the work that is preferably done between appointments, we believe that it is wise for agencies to schedule in a quarter of an hour between the end of one counselling session and the beginning of the next, particularly where counsellors are dealing with very distressed people. We recognise that not all agencies are willing to permit this, but think that this is unfortunate because it may compromise the effectiveness of counselling and may lead to counsellor burnout.

**Whenever possible a counsellor should debrief after an emotionally charged counselling session**

## KEEPING THE COUNSELLING EXPERIENCE DYNAMIC

In our experience many people will deal with important issues in the first forty-five minutes of a counselling session, and then begin to lose energy. It is important that each counselling session is dynamic and that the person seeking help is working actively throughout the session. Once they become used to sessions being of fixed length, they will tend to work comfortably within that time frame. During a one-hour session the person will be likely to have raised important issues and to have explored them. They then need time to process the work done. It may therefore be appropriate to terminate the session at that point and to leave a few days, or maybe a week or two, before making another appointment, if that is needed.

## ANXIETY ABOUT TIME CONSTRAINTS

If the matter is raised, let the person seeking help know that you, the counsellor, are in control of the length of the counselling session. Frequently a person will show anxiety by looking at the clock in the room, because they are worried about taking up too much of a counsellor's time. In such cases it can be useful for the counsellor to say that they will control the length of the session, and that the session will probably last about



60 minutes, or whatever is appropriate. By saying this, the person's anxiety regarding timekeeping is likely to be reduced.

### PREPARING FOR THE END OF A SESSION

Where a counsellor is working within a set time frame, and knows that there is a time limit to the counselling session, the counsellor needs to prepare for ending the session. This preparation should be commenced about 10 minutes before the end of the session. If the counselling session is to last an hour, then after about 50 minutes it is sensible for the counsellor to assess the progress of the session. The counsellor can then decide how to use the remaining time in order to close the session in a way that is satisfactory for the person seeking help. Sometimes it can be useful for the counsellor to say: 'I am conscious of the need for us to finish talking in about 10 minutes' time and it seems to me that you may wish to explore (a particular area) that we have been talking about'. Alternatively, the counsellor might say, 'We only have a few minutes left and I am wondering if there's anything in particular that you would like to talk about before we finish'.

By giving a warning that the counselling session must end within a few minutes, the person is given an opportunity to deal with, or at least mention, any pressing unfinished business.

### CLOSING THE SESSION

Near the finishing time, it is sometimes appropriate for the counsellor to provide a summary of the material discussed during the session. The counsellor might also add a statement regarding goals for the future and the possibility or probability of future counselling sessions being required. When finishing, it's useful if you can give some positive feedback, especially as people usually come to see counsellors at times

#### Give positive feedback by affirming strengths

when their self-esteem is low. For example, the counsellor might say, 'It's clear to me that you have been having a very difficult time. I'm impressed by the way that you have explored your problem and then thought about possible solutions', or, 'Having heard your story, I am impressed by the way that you have coped with a very difficult situation'.

As a counsellor you need to take control when ending a counselling session. If you are to do this, you need to be very careful not to compromise your decision to end the session by:

- asking a question
- reflecting feelings, or
- reflecting content.



If you do any of these things, the session is almost certain to continue because there is an implied invitation to respond! However, unless they are careful, even skilled counsellors can easily fall into the trap of doing one of these three things when what they really want to do is to finish.

You may need to be assertive with those people who want to linger on and chat rather than do useful work. In such a case, be direct. You may even find it necessary to interrupt and say something like: 'I do need to finish now'. Then stand up and lead the way firmly out of the room without stopping to linger. Many counsellors find this difficult to do, because it is hard to do politely and respectfully. However, if you are direct and firm, you will still be able to give the person a positive message by saying 'Goodbye Jim' (or whatever their name is) in a friendly way as you move away.

## 2. The need for ongoing appointments

Inexperienced counsellors are often apprehensive about asking a person who has attended a counselling session to come back for further appointments. If you feel apprehensive about doing this, explore your feelings. You may be afraid that the person will not want to come back and will reject your offer of another appointment. If they do, would it be a disaster? If you think that it would, then you need to discuss the issue with your supervisor. Remember that it can be hard for a person to make an appointment. It is much easier for them to cancel near the time of the appointment if they realise that they don't need one. If you don't offer another appointment after finishing a session, then the person is likely to assume that you don't think that it is necessary for them to come back. They may wonder whether you would consider it to be a nuisance if they were to do so. It is therefore important, if you do not make another appointment, that you say something like: 'I won't make another appointment for you now, because I am not sure that it's necessary for you to come back to see me as you seem to have resolved your current issues. However, I would like you to know that if you decide that it would be useful for you to come back, then you are welcome to ring up to make a new appointment'.

### **MAKING A CONTRACT FOR ONGOING APPOINTMENTS**

For those who need ongoing appointments, it may be desirable for the counsellor to spell out an ongoing contract. It may be sufficient to say, 'I think it would be useful for you to come back to see me again next week—would you like to do this?' Alternatively, it may be appropriate to say something like: 'It seems to me that you have a number of issues that need to be resolved, and this might take several counselling sessions. If you would like to come to see me on a weekly basis for the next three or four weeks you would be welcome to do that. Alternatively, you might want to see how you feel in a few day's time and then make a decision about whether to continue



with the counselling process.' In this way the person is made aware of the counsellor's willingness to continue seeing them on an ongoing basis, but is also given the option of making a decision later about whether to continue with counselling. Giving them this option avoids the possibility that they will feel pressured into continuing with counselling when they may not wish to do so.

### 3. Dependency issues

Sometimes it's desirable to terminate a series of counselling sessions sooner than the person seeking help would wish. This raises the issue of dependency. It's very easy, in fact probably almost inevitable, for dependency to occur in ongoing counselling relationships.

#### DEPENDENCY ON THE RELATIONSHIP

It is easy for a person seeking help to become dependent on their relationship with a counsellor for a number of reasons. Firstly, it is inevitable that a meaningful relationship will develop if the counsellor is genuine, warm and accepting. Of course, there are necessary and appropriate limits to the counselling relationship (see Chapter 39 regarding ethical issues). However, the quality of a counselling relationship is such that it is natural for some people to wish that the counselling relationship could continue after its usefulness for legitimate counselling purposes has ended.

A person coming for counselling is likely to share with the counsellor their innermost secrets. This is different from what normally happens in life where most people are careful about what they disclose to others. Generally, from childhood, people learn to share private material only with someone they are close to, or love. Consequently, when you are counselling, if a person shares with you intimate personal information, they may develop unrealistic desires and/or expectations about the relationship they have with you and might wish or expect that the relationship will be ongoing.

**Dependency often occurs when counselling is ongoing**

Some people who come to counsellors are very alone in the world, and do not have a close relative or friend with whom to share the problems and stresses that arise in their daily lives. It is perfectly understandable why such people might want to become dependent on their relationship with a counsellor. We all have a need for closeness and affection, and the counselling relationship may, for a while, provide this for a lonely person. They may then become dependent on the relationship unless the counsellor is careful to address the issue in a way that is acceptable for them.

#### DEPENDENCY ON THE COUNSELLING PROCESS

After the initial trauma of a crisis has passed, it may be very comfortable for a person who has engaged in the counselling process to be able to continue to discuss and work



through less important life issues in the caring counselling environment. However, continuing to provide counselling to a person who no longer needs it does them a disservice. It effectively interferes with the desirable tendency for them to become self-sufficient. We believe that effective counselling helps a person to learn strategies they can use to work through most of their troubling issues, and helps them to recognise when they really do need counselling help.

### **COUNSELLORS CAN BECOME DEPENDENT TOO**

Dependency can occur in two directions. The person seeking help may become dependent on the counsellor, and equally the counsellor may become dependent on them. Counsellors are not emotionless robots, but are human beings with emotions and needs. As described above and in Chapter 39, the counselling relationship often involves an unusual degree of intimate sharing, and by its very nature involves a degree of closeness. Consequently, it is easy to understand how a counsellor can get hooked into a dependency relationship. Clearly, a counsellor needs to stay vigilant to ensure that they do not encourage those who seek their help to continue with counselling merely to satisfy their own needs.

It is inevitable that dependency issues will arise from time to time for counsellors. Sometimes counsellors will be unaware that such dependency is occurring. It is here that regular supervision is essential to help counsellors identify dependency issues and to reduce the likelihood of inappropriate transgression of professional boundaries (see Chapter 40).

### **CONFRONTING DEPENDENCY**

If a counsellor believes that a person is becoming dependent on the counselling relationship, then it may be appropriate to bring the issue into the open by discussing it with them. This needs to be done with sensitivity, because it would be easy for the person to feel hurt and rejected as a consequence of inept confrontation. Consequently, before talking with the person, we suggest that you might discuss the issue, and your possible response to it, with your supervisor. In our experience, if the dependency is reframed positively as a normal occurrence in counselling, then progress towards termination may be made in a way that is acceptable and helpful for the person.

## **4. Ending a series of counselling sessions**

The decision about when to terminate a series of counselling sessions is often fairly clear, and will frequently be made by the person seeking help in discussion with the counsellor. However, there will be times when the decision is more difficult, particularly if dependency by either the person seeking help or the counsellor is occurring. Counsellors therefore need to regularly review the progress that is being made in



counselling sessions and the goals that are being achieved, to ensure that counselling is continuing for the wellbeing of the person seeking help, rather than in order to satisfy dependency needs.

Where progress is not being made and goals are not being achieved, it is essential for the counsellor to discuss the case with their supervisor in order to make a sensible decision about what action to take. It may be that as a consequence of supervision the counsellor will be able to identify why the counselling process is failing to facilitate a process that will enable the person seeking help to make positive changes. This might be as a consequence of the counsellor's own unresolved personal issues interfering with the counselling process. Alternatively, it may be because the counsellor lacks the required skills to help a particular person. We do need to recognise, of course, that we cannot help every person who seeks our help to change so that they feel better and engage in more helpful behaviours. However, as a consequence of supervision, a counsellor may be able to use a different strategy or approach with someone who appears to be stuck and unable to change, so that change does occur. Another possibility is that the person may require a different approach that is not within the counsellor's current repertoire of skills. In this case the counsellor might say to them, 'I've noticed that although you have been coming to talk with me for several weeks, you still seem to be experiencing the same difficulties. This makes me wonder whether it might be more useful for you to seek help in some other way'. The counsellor might then invite the person to think of possible alternatives, or may make some suggestions of alternatives which might be useful.

### **DEALING WITH THE LOSS OF THE RELATIONSHIP**

When a person is nearing the end of a long counselling relationship, there will be some grief associated with the loss of that relationship. Particularly where a long relationship has been established, the counsellor needs to help the person who has been engaged in counselling to prepare for the feelings of loss that will occur when the relationship ends. In order to minimise this pain, it may be advisable for a counsellor to make one or two appointments at longer intervals than previously, at the end of a series of counselling sessions. For example, when we have seen a person on a weekly basis over a period of several weeks, we have often made remaining appointments at fortnightly and monthly intervals.

Sometimes it can be useful to have a follow-up session after a three-month break. A three-monthly follow-up session serves three purposes. Firstly, it helps the person to adjust to the idea of being independent and not dependent on the counsellor; secondly, it enables them to deal with the loss of the counselling relationship in a gentle way; and thirdly, it enables the counsellor to review the progress that continues to be made after regular counselling has ceased. Also, it sometimes happens that after a series of



counselling sessions has been completed, a three-monthly follow-up session will reveal that there is a 'loose end' that needs to be tied up before final termination.

**Saying 'goodbye' can be difficult**

Termination of a series of sessions is often painful at some level. It can be difficult to say 'Goodbye' and accept the loss of a meaningful relationship. As a counsellor, be aware of this, both for the person who has sought help and for yourself. As discussed previously, it is important to address this issue openly in order to help the person adjust to the loss of the relationship. The closure process needs to be done sensitively and caringly.

## Learning summary

- Let the person seeking help know that you are in control of the length of the session.
- Warn them when the session is coming to an end.
- Negotiate a contract with regard to future appointments.
- Finish each session by summarising, outlining future goals if appropriate, and giving some positive feedback where possible.
- Take control when finishing a session.
- During a series of ongoing counselling sessions, review progress and be aware of dependency.
- Deal with dependency by openly discussing it.
- If necessary, deal with grief associated with closure of a series of sessions.
- When closing a counselling session, don't ask questions or reflect content or feelings.

## Training group exercises

### 1. Termination practice in the training group

To do this exercise two volunteers are needed to demonstrate by practising counselling in front of the group, with one acting as the person seeking help and the other as counsellor. At a point where it might be appropriate to begin closing the session, the group facilitator is to interrupt the process. Those who are observing will then be invited to suggest statements they would use to warn the person seeking help that the session would end soon. After this, the participants will be invited to suggest ways of closing the session. In closing the session remember that it is important to include positive feedback for the person seeking help.



## 2. Triad practice

Working in triads, practise all of the counselling skills learnt so far. In particular pay attention to providing comfortable closure. The counsellor should end the session in a way that is comfortable for the person seeking help and should give them a positive affirmation.

## 3. Termination as a new beginning

Working individually, think about a time when you finished doing something you liked—for example completed a training course that you enjoyed doing, lost a relationship, left the area you grew up in, or gave up a job that you found satisfying. Divide a sheet of paper into two columns. In the left-hand column write down what you enjoyed before the change. Then imagine that as a result of the change you went through a doorway into a new space where other opportunities were experienced. In the right-hand column write down these new experiences.

When you have completed working individually, if you feel able, share what you wrote down with the other members of your training group, with particular emphasis on the reality that when something ends there is the opportunity for something new to start.

Next, in the training group, discuss the implications for counselling of the reality that the end of something provides an opportunity for something new to begin. As a counsellor, is there a way that you could help a person to recognise that the end of a counselling relationship might mark the beginning of something new?



# Part III

## Promoting change





# Chapter 13

## Various approaches to counselling

There are many different styles of counselling in use today. Additionally, many counsellors, including ourselves, do not limit themselves to the use of one style, but instead draw on ideas from a number of different counselling frameworks. They use what many writers, including ourselves, call an 'integrative' approach because it involves integrating skills from different theoretical and practical sources.

In our integrative approach we start by using as a base the non-directive counselling style originated by Carl Rogers, together with questions as described in Chapters 5 to 10. We then build on this foundation to incorporate other more active counselling methods, as described in Chapters 17 to 28.

The counselling style that you eventually adopt yourself will probably be one that suits your personality best. You may be surprised to know that it doesn't matter much what that style is, because most counsellors agree, as we suggested in Chapter 2, that the key to helping people work effectively through their problems to feel better lies in the counselling relationship. What is important is that the relationship between the person seeking help and the counsellor is appropriate for producing therapeutic change.

In this chapter we will take a brief look at a selection of the differing counselling philosophies and methods that many counsellors find useful. We will begin by going back in history to look at the work of Sigmund Freud, who developed psychoanalysis in the

**The relationship is more important than the approach used**



1930s. We will then consider the work of some other major contributors who have developed other styles of counselling since then.

## Contributors to counselling theory and practice

Listed below is a selection of contributors to counselling theory and practice.

### PSYCHOANALYTIC PSYCHOTHERAPY

- Sigmund Freud developed Psychoanalytic Psychotherapy

### HUMANISTIC/EXISTENTIALIST COUNSELLING

- Carl Rogers developed Person-Centred Counselling
- Frederick (Fritz) Perls developed Gestalt Therapy
- Richard Bandler and John Grinder developed Neuro-Linguistic Programming

### COGNITIVE BEHAVIOURAL COUNSELLING

- Albert Ellis developed Rational Emotive Behaviour Therapy
- William Glasser developed Reality Therapy

### NARRATIVE THERAPY

- Michael White and David Epston developed Narrative Therapy

### SOLUTION-FOCUSED THERAPY

- Steve de Shazer was a major contributor to Solution-Focused Therapy

There have been, and are, many other important contributors to counselling theory and practice. However, in our integrative approach we predominantly use ideas that originated with, and were developed by, the people listed above. We ask you to remember that this is an introductory book that deals only with individual counselling for adults who are emotionally distressed.

Many counsellors believe that working with individual adults is the best way to learn basic counselling skills. Once basic counselling skills have been mastered, you can, if you wish, build on these by learning additional skills. In the future if you would like to learn to counsel children, young people, couples or families, we recommend that you find a suitable training course. Also you might like to read one or more of the other books we have written. These are listed in the 'References and further reading' section at the end of this chapter.

We will now briefly discuss the work of each of the people listed previously, starting with Freud. In each case we will consider only aspects of the person's work that, in



some way, relate to the counselling methods discussed in this book. Readers who wish to learn more about the work of these major contributors may wish to select books from the 'further reading' list at the end of this chapter.

## Psychoanalytic Psychotherapy

Sigmund Freud was the originator of Psychoanalytic Psychotherapy. Although some counsellors still use a psychoanalytic approach, most contemporary counsellors do not. Even so, many of Freud's theories have significantly influenced contemporary approaches to counselling. It is therefore useful for a new counsellor to have some understanding of Freud's ideas.

### SIGMUND FREUD

Sigmund Freud made a major and profound contribution to the understanding of human personality. Although some of his ideas are contentious, he was a radical thinker whose individual contribution to psychology has been of great significance in shaping the way modern counsellors think about people and understand the underlying origins of their problems. Freud originated and developed the theory and methods of psychoanalysis. Although, as suggested previously, only a minority of counsellors work psychoanalytically nowadays, many contemporary counsellors use psychodynamic concepts to underpin their work.

Freud was a psychiatrist who saw his work as Psychotherapy. Interestingly, Rogers later saw Psychotherapy and counselling as synonymous. Freud made a major contribution to the recognition that counselling (or Psychotherapy) was a valid and necessary process if we are to help people to overcome emotional problems. Films and TV programs often lampoon the Freudian psychoanalyst's couch on which the patient lies to talk about current and past anxieties while the psychiatrist listens. Although many people find such a situation amusing, this underlying concept is a forerunner to modern counselling methods, where the counsellor gives undivided attention to the person seeking help while they talk about troubling issues.

Freud introduced the idea of the 'unconscious' and proposed that our disturbed behaviours have their origins in unconscious processes that occur within the individual. As counsellors today, we need to be aware of the reality that often a person's attitudes, beliefs, thoughts, emotions and behaviours have their origins in unconscious processes that are suppressed.

**Freud's ideas  
are useful for  
understanding  
and explaining  
human behaviour**

Freud believed in what he called 'free association', where one idea triggers off another. He believed that by allowing a person to talk freely, free association would occur and they would inevitably reveal ideas that were suppressed into the subconscious. Similarly, as contemporary counsellors we need to recognise the need to allow



the people we seek to help to travel without interruption along their own path, so that we do not interfere unnecessarily with a process that may result in them dealing with the underlying source of painful current and past experiences.

Freud placed a great emphasis on the influence of past and childhood experiences. Frequently in counselling we find that a person's current problems have their origin in some earlier experience. Freud also identified a number of what he called 'defence mechanisms'. These defence mechanisms provide some protection for a person against current pain but block the person from dealing with underlying causes of distress. He described the way that the therapist (counsellor) would meet with what he called 'resistance' as the person avoided, deflected away from, or suppressed painful material during psychotherapy (counselling).

Other ideas of Freud's that are important for the contemporary counsellor are 'transference' and 'counter-transference'. These will be discussed in Chapter 18. Freud had many other useful ideas, including his definitions of *id*, *ego* and *super-ego*.

If Freud had so many good ideas, you may be wondering why we don't teach all counsellors to use the psychoanalytic method. Well, there are several very important reasons, two of which are as follows:

1. Psychoanalysis, as originated by Freud, is a very slow process. Some psychoanalysts work with the people they seek to help over a period of several years in order to help them gain insight into the underlying causes of their behaviour. Psychoanalysts themselves undergo lengthy training. Most counsellors today would agree that, rather than using lengthy counselling methods, it is generally more useful to provide people with fairly brief interventions that will quickly enable them to overcome emotional pain and function adaptively. We do need to recognise, however, that some people will require long-term help.
2. Freud believed that the psychoanalyst was an expert who could help a person gain insight by interpreting the material that the person disclosed. Many, if not most, modern counsellors do not see themselves as experts who are able to interpret what is meaningful for another person. Rather, they try to encourage and facilitate the person's own interpretation of their inner processes and outward behaviours. As discussed in Chapter 1, the contemporary counsellor's goals include helping the person seeking help to feel more self-sufficient rather than dependent on the counsellor.

Around Freud's time, counselling theory was influenced by the psychological theories of people such as Adler and Jung. Major advances in counselling methods did not occur until the 1950s when the existential humanistic counselling methods emerged.



## Humanistic/Existentialist Counselling

Two of the major contributors in this field were Carl Rogers and Fritz Perls. They believed that each individual had within themselves the natural ability and resources to achieve personal growth. The counsellor, therefore, did not need to be an expert but merely a facilitator to enable the person seeking help to access their own resources to bring about change.

Ideas developed by Richard Bandler and John Grinder can also be usefully incorporated into an integrative counselling approach.

### CARL ROGERS DEVELOPED PERSON-CENTRED COUNSELLING

Rogers originated and developed 'Client-Centred Counselling', which he later renamed 'Person-Centred Counselling' as discussed in our introduction to this edition. In Chapter 2 we discussed some of Rogers' ideas. In contrast to the psychoanalytic approach where the counsellor is seen as the expert, Rogers believed that people have the ability within themselves to solve their own problems. He saw the counsellor as a facilitator who listened to the person seeking help with empathy and without judgment, and therefore enabled them to work through their issues. His ideas are respectful of people. He did not see himself as a superior expert but as a person of equal value to those who sought his help.

As discussed previously, Rogers placed great emphasis on the counselling skills of reflection (see Chapters 5, 6, 7, 8 and 10). He reflected back what the person seeking help was feeling emotionally. Also, he reflected back the content of what they said, but in his own words.

Rogers' ideas are extremely useful to the modern counsellor, especially during the early parts of the counselling process where relationship building is paramount. Some counsellors still predominantly use a Rogerian approach. However, the problem with doing this is that the Rogerian approach, although very effective with some people, tends to be slow in achieving results by comparison with other methods of counselling which are less time-consuming. Our personal experience suggests that integrating the Rogerian approach with other methods, as described in this book, is preferable.

**Reflection is  
useful in building  
a relationship  
of trust**

### FREDERICK (FRITZ) PERLS DEVELOPED GESTALT THERAPY

Fritz Perls was initially trained as a psychoanalyst but moved away from Psychoanalysis to develop Gestalt Therapy. Gestalt Therapy makes use of, or modifies, many psychoanalytic ideas. In contrast to Psychoanalysis, which placed emphasis on a person's past experiences, Perls placed strong emphasis on the person's present 'here and now' experience. Perls encouraged each person to take personal responsibility for their current experience rather than blaming either the past or others.



**Awareness raising  
is a central  
concept in  
Gestalt Therapy**

Perls concentrated on raising a person's awareness of current bodily sensations, emotional feelings and related thoughts. By encouraging them to become fully aware of their current experience in the here and now, he believed that he could enable them to work through 'unfinished business', sort out their emotional confusion, achieve what he called a 'Gestalt', or 'Ah-ha', experience, and overall feel more integrated.

Fritz Perls' counselling style was quite different from Carl Rogers' warm and caring style. Perls challenged and frustrated the person seeking help during the counselling process in order to move them into a clearer understanding of troubling issues, thoughts, emotions and behaviours. At times, when counselling some people, and at particular stages in the counselling process, it can be very advantageous to use Gestalt Therapy techniques. However, we personally strongly contend that when using Gestalt Therapy techniques the counselling relationship should retain the qualities suggested by Rogers so that the person seeking help is not threatened by the process. This is generally consistent with the practice of many Gestalt therapists nowadays.

Gestalt Therapy counselling techniques include:

- giving the person immediate feedback about non-verbal behaviour as it is observed during the counselling process; this is particularly useful in drawing their attention to feelings that are being suppressed
- inviting the person to get in touch with and describe bodily sensations and relate these to emotional feelings and thoughts
- encouraging the person to make 'I' statements and to take responsibility for their actions
- challenging and confronting what the counsellor sees as 'neurotic' behaviour, for example confronting a person if they deflect away from talking about troubling issues
- encouraging the person to role-play different parts of themselves and to create a dialogue between those parts
- encouraging the person to role-play both themselves and someone else with whom they have a problem and to create a dialogue between themselves and the other person.

Ideas from Gestalt Therapy are particularly useful when helping a person to explore options, and to move forward to take action. Examples of the use of Gestalt Therapy will be given in a number of chapters but particularly in Chapters 18, 23 and 26. Readers who would like to learn more about Gestalt Therapy might like to read Clarkson (2004).



## **RICHARD BANDLER AND JOHN GRINDER DEVELOPED NEURO-LINGUISTIC PROGRAMMING**

Richard Bandler and John Grinder were the originators of Neuro-Linguistic Programming, commonly known as NLP. Readers who would like to learn about this method of helping people might like to read O'Connor and Seymour (2003). In this book we will make use of two very useful concepts from NLP:

- the need for a counsellor to match the way people relate to their world through the use of differing senses such as seeing, hearing and feeling
- the concept of reframing.

These concepts are discussed in Chapters 11 and 24.

## **Cognitive Behavioural Counselling**

Starting in the 1960s, Albert Ellis and other workers moved away from the humanistic existentialist approaches which place considerable importance on dealing with emotional feelings in the counselling process. Instead of focusing on feelings, they focused on thoughts (cognitions), and developed what are now referred to as *Cognitive Behavioural Counselling* methods. Cognitive Behavioural counsellors target a person's thinking (cognitive) processes and their behaviours rather than their emotions. They believe that a person's emotional feelings depend on the way they think and behave. Consequently, they believe that the best way to help someone to feel better emotionally is by helping them to change their thoughts and behaviours. These methods are popular for a number of reasons, including the following:

- They are believed to be useful in changing undesirable behaviours (consequently many counsellors who work with young people choose cognitive behavioural methods).
- They tend to be less stressful for the counsellor who does not encourage those who seek help to express strong emotions (being in the presence of a person who is expressing strong emotions can be emotionally draining for a counsellor).
- They are considered to be cost effective as they tend to produce change quickly when used to deal with some types of problem.

## **ALBERT ELLIS DEVELOPED RATIONAL EMOTIVE BEHAVIOUR THERAPY**

Albert Ellis developed Rational Emotive Therapy, which is now known as 'Rational Emotive Behaviour Therapy'. A central idea in Rational Emotive Behaviour Therapy is that emotionally disturbed people are disturbed because they are making assumptions that are based on irrational beliefs. Ellis believed that the counsellor's job is to identify and challenge these irrational beliefs and to encourage the person to replace



them by what he believed were rational beliefs. In Chapter 20 we will make use of Ellis' ideas to look at ways to help people challenge what we call 'self-destructive beliefs'.

Ellis' counselling style differs from both Rogers' and Perls'. Ellis did not place a strong emphasis on joining with the person seeking help, but used questions to identify irrational beliefs. He then worked enthusiastically to convince the person that these irrational beliefs were causing the problem and need to be replaced by other beliefs. Although we do not work with people in the way he did, we find that at particular stages in the counselling process his ideas can be very useful for helping people to feel better. Further, we believe that it can be advantageous to use his ideas within an integrative counselling approach while still retaining the important qualities of the counselling relationship which we described in Chapter 2.

**Challenging  
self-destructive  
beliefs can be  
helpful**

Readers who would like to learn more about Rational Emotive Behaviour Therapy may wish to read Ellis (2001).

### **WILLIAM GLASSER DEVELOPED REALITY THERAPY**

William Glasser was the originator of Reality Therapy, which he later renamed Choice Theory. This style of counselling has been widely used in school settings, and also in detention centres and penal institutions; however, it can also be useful when counselling people in society generally. Reality Therapy involves helping the person to take responsibility for the choices they make with regard to their behaviour, and to accept the reality of the logical and natural consequences of their behaviour. Using Reality Therapy a person is encouraged to take responsibility for finding ways of getting their own needs met without infringing on the rights of others.

### **Narrative Therapy**

In 1974, Lewis and Butler practised what they called 'Life-Review Therapy'. Their approach helped people restructure their past into a positive and integrated story. This concept was later developed into Narrative Therapy. Narrative Therapy was developed by David Epston and Michael White and is based on the concept of 'storying'. Using 'storying', the person is invited to tell the story of how the problem has influenced their life. They are then encouraged to create a new and preferred alternative story in which the problem does not dominate their life. Narrative therapists help the person to recognise that the problem is the problem, as opposed to they themselves being the problem. Skills from Narrative Therapy can be incorporated into an integrative counselling approach, and some of these skills are described in Chapter 21.



## Solution-Focused Therapy

Solution-Focused Therapy grew out of ideas proposed by Milton Erickson, who placed emphasis on turning perceived deficits into resources. A major contributor to the development of Solution-Focused Therapy was Steve de Shazer. Solution-Focused therapists think in terms of solutions, resources and competency, rather than problems, deficits and limitations. They amplify what is already working, look for times when the person has been successful in the past and for times when the person has used coping skills successfully. They look for exceptions in a person's behaviour—the exceptions being times when the person has engaged in successful and adaptive behaviours. Solution-Focused Therapy is time-effective as the counselling process tends to be brief. Skills from Solution-Focused Therapy that can usefully be incorporated into an integrative counselling approach are described in Chapter 22. Readers who would like to learn more about Solution-Focused Therapy might like to read Macdonald (2007).

## An integrative approach

As discussed at the beginning of this chapter, the counselling style described in this book is integrative; that is, it draws ideas from all the counselling methods described in this chapter. Our approach relies on Rogerian ideas for relationship building and enabling the person seeking help to talk freely. It recognises the importance of understanding the psychodynamic approach as described previously. Additionally it draws on Gestalt Therapy philosophy and techniques, and uses ideas from Rational Emotive Therapy, Neuro-Linguistic Programming, Solution-Focused Therapy and Narrative Therapy. The way in which these various approaches are combined into an integrative approach is described in Chapters 15 and 16.

## Learning summary

- Many counsellors use an integrative approach, drawing ideas from various therapies to suit the current needs of the person seeking help.
- Regardless of the style of counselling used, the key to producing therapeutic change lies in the relationship between the person seeking help and the counsellor.
- Freud encouraged his patients (people seeking help from him) to talk freely while he gave his undivided attention. He placed great emphasis on their past and on childhood experiences. He was the expert who interpreted what the person told him, with the goal of helping them to gain insight and, in turn, change.



- Existentialist Humanistic counsellors such as Rogers and Perls believe that a person has within them the potential to solve their own problems. The counsellor is a facilitator of change. The person seeking help is the expert.
- Rogers, in Person-Centred Counselling, placed emphasis on the relationship and on reflecting back to the person what they had said.
- Perls' goal in Gestalt Therapy was to raise a person's awareness by helping them to integrate information from bodily sensations, thoughts and emotional feelings. He placed great emphasis on encouraging a person to take personal responsibility and to stay in the current 'here and now' experience.
- Bandler and Grinder in Neuro-Linguistic Programming recognised the need for a counsellor to match the person's way of experiencing the world through the use of particular senses. They also introduced the concept of reframing.
- Cognitive Behavioural counsellors believe that our thoughts and behaviours control our emotions. Consequently, they focus on changing thoughts and behaviours in order to help people to feel better and behave more adaptively.
- Albert Ellis originated Rational Emotive Behaviour Therapy. He believed that people become emotionally distressed because of irrational beliefs and that the counsellor should convince them to replace these beliefs with rational beliefs.
- Reality Therapy (Choice Theory) encourages a person to take responsibility for their behavioural choices and to get their own needs met without infringing on the rights of others.
- Narrative Therapy places emphasis on separating the problem from the person. It encourages the person to reconstruct their story so that the problem does not dominate their life.
- Solution-Focused Therapy is a brief therapy that focuses on strengths, resources and competencies, rather than on problems, deficits and limitations.

## Training group exercises

### 1. Researching various approaches to counselling

Divide your training group into six small groups for this exercise. Each small group is to research one of the approaches to counselling listed below. This might involve reading a textbook devoted to that approach, reading a relevant journal article, and/or searching on the internet.

- Psychodynamic Counselling
- Rogerian Counselling
- Gestalt Therapy



- Cognitive Behavioural Counselling
- Narrative Therapy
- Solution-Focused Therapy.

After completing the above, each small group is to give a 10-minute presentation to the whole training group.

## 2. Personal choice of approach

After completing the previous exercise choose one of the approaches described in that exercise that you believe you would be most likely to choose either as the counsellor or as the person seeking help. Working individually, make notes with regard to both the advantages and disadvantages of using the approach you have selected. When you have completed your notes, discuss them with your training group.

## REFERENCES AND FURTHER READING

### General information on various counselling approaches

Feltham, C. & Horton, I. 2006, *Handbook of Counselling and Psychotherapy*, 2nd edn, Sage, London.

### Cognitive Behavioural Therapy

Ellis, A. & Dryden, W. 2007, *The Practice of Rational Emotive Behavior Therapy*, 2nd edn, Springer, New York.

Glasser, W. 2001, *Counseling with Choice Therapy: The New Reality Therapy*, Quill, New York.

### Counselling children, young people and families

Geldard, K. (ed.) 2009, *Practical Interventions for Young People at Risk*, Sage, London.

Geldard, K. & Geldard, D. 2009, *Relationship Counselling for Children, Young People and Families*, Sage, London.

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Geldard, K. & Geldard, D. 2001, *Working with Children in Groups: A Handbook for Counsellors, Educators and Community Workers*, Palgrave, Basingstoke.

### Gestalt Therapy

Clarkson, P. 2004, *Gestalt Counselling in Action*, 3rd edn, Sage, London.

### Narrative Therapy

White, M. 2007, *Maps of Narrative Practice*, Norton, New York.

### Neuro-Linguistic Programming

O'Connor, J. & Seymour, J. 2003, *Introducing NLP Neuro-Linguistic Programming*, 2nd edn, Thorsons, London.

### Person-Centred Counselling

Mearns, D. & Thorne, B. 2007, *Person-Centred Counselling in Action*, Sage, London.

### Reality Therapy/Choice Theory

Glasser, W. 2001, *Counseling with Choice Theory: The New Reality Therapy*, Quill, New York.

### Solution-Focused Therapy

Macdonald, A. 2007, *Solution-Focused Therapy: Theory, Research & Practice*, Sage, London.



# Chapter 14

## Working collaboratively

After reading the earlier chapters we expect that you will probably agree that a central outcome of any counselling process is for change to occur in the person being helped. People typically come to see a counsellor in a distressed emotional state with the expectation that as a result of counselling they will find solutions to their problems and will feel better. In other words, they have an expectation of change. This change may involve changes to their emotional feelings and/or thoughts so that they feel better, or may involve changes in their behaviour so that they are more able to deal effectively with issues that confront them in daily life.

### What factors promote positive counselling outcomes?

Have you, the reader, previously thought about what it is that enables a person who is engaged in a counselling process to change? We invite you to think for a minute about what might contribute to the change process.

In Chapter 2 we discussed some of the desirable attributes of a counsellor and of the counselling relationship. Now we have some questions to ask:

- Are counsellor attributes sufficient to produce change?
- Are attributes of the counselling relationship sufficient to produce change?
- Is it the use of particular counselling skills that produces change?



Is it the counsellor who is effective in promoting change in the person seeking help, or is it the person themselves who generates the change?

If you are in a training group you might want to discuss these questions in your group before continuing to read on. It is clearly useful to be able to answer these questions so that we can understand more fully how counselling can enable a person to change.

## Research into the effectiveness of counselling

Carl Rogers was one of the first people to initiate research into counselling practice, by analysing the characteristics of counselling conversations and the counselling relationship. He began doing this in the 1950s and his contribution with regard to the nature of the counselling relationship, and the use of reflective listening skills, continues to be of major importance.

Since Rogers' time, a considerable amount of research has been conducted with regard to the characteristics of the counselling process and the effectiveness of counselling. There have been many contributors to the literature in this area, including Frank and Frank (1991), Horvath (2001) and Wampold (2001). Most authors agree that research studies have identified the influence of *common factors* and *the therapeutic alliance* in producing positive outcomes for those who seek counselling.

## Common factors

In the previous chapter we considered a number of different approaches to counselling. As a consequence, you may be asking, 'Which counselling approach is the most effective?' Some authors contend that when practised by competent counsellors who adhere to a particular model of counselling, all the approaches are almost equally effective, and their effectiveness depends on a number of factors which are common to all approaches. Further, a consistent finding through research into the effectiveness of counselling is that there are a number of factors common to all counselling approaches that have a positive influence on the experience of the person seeking counselling and on the effectiveness of counselling (Wampold, 2001).

The common factors that have been identified as helpful are described in different ways by different authors. Included among these factors are:

**Common factors  
exist between  
different models  
of counselling**

- the counsellor's personal qualities
- the relationship between the person seeking help and the counsellor
- the person trusting the counsellor as being able to be of help
- personal factors of the person seeking help
- the influence of hope and optimism.



## **QUALITIES OF THE COUNSELLOR AND THE COUNSELLING RELATIONSHIP**

Desirable personal qualities of the counsellor and the relationship between the person being helped and the counsellor were discussed in Chapter 2. However, an additional perspective on the relationship, in recent years referred to as the *therapeutic alliance*, will be described later in this chapter.

## **THE PERSON TRUSTING THE COUNSELLOR AS BEING ABLE TO BE OF HELP**

We might ask the question, how can a counsellor obtain a person's trust in such a way that they will believe that the counsellor can be of help? You may wish to think about this question for a while before reading on.

While we believe that it is helpful for a counsellor to have the necessary personal qualities and be able to create a relationship with the person seeking help as described in Chapter 2, we do not consider this to be sufficient. For the counselling relationship to be fully effective the counsellor needs to be proficient in the use of counselling skills, and in attending to the counselling process. By doing these things competently, the person is likely to feel confident in working with the counsellor in order to achieve their desired goals. The counsellor needs to be skilful when selecting and making use of individual micro-skills. Also, the counsellor needs to have an understanding of, and expertise in facilitating, the overall counselling process, not only as it occurs in each individual session but also as it extends over a series of counselling sessions. The counselling process will depend on the particular counselling model preferred by the counsellor. This might be one of the models listed in the previous chapter or might be an integrative counselling approach, as described in Chapters 15 and 16, which brings together strategies from a variety of models.

## **PERSONAL FACTORS OF THE PERSON SEEKING HELP**

Earlier, we asked the question, is it the counsellor who is effective in promoting change in the person seeking help, or is it the person themselves who generates the change?

It seems to us that most human beings have within them the resilience and ability to heal themselves, and this fits with Carl Rogers' beliefs with regard to each person having the ability to find their own solutions. So what is it that the counsellor does? The counsellor acts as a facilitator working together with the person to promote, amplify and extend the possibility of change (Bohart & Tallman, 1999).

## **THE INFLUENCE OF HOPE AND OPTIMISM**

When His Holiness The Dalai Lama was in conversation with psychiatrist Howard Cutler (Dalai Lama & Cutler, 2000) they agreed that for a person to change in attitude the person must first realise that this is possible, must wish to do so, and must then



implement the changes. If we accept that this is correct, then as counsellors it is clearly useful for us to enable those who seek our help to have the hope and expectation that change is possible.

**Being hopeful  
encourages  
change**

Hope and optimism are processes used in varying degrees by most people to cope with daily life. As with other people, we ourselves will sometimes sink into thinking negatively and become pessimistic. Are you the same? We have discovered that being in a negative frame of mind is uncomfortable for us, so when we recognise our negativity we are motivated to change our attitude so that we are more positive and hopeful.

A useful question is, 'How can we use counselling to engender hope?' Frank and Frank (1991) suggest that a counsellor who is hopeful can contribute to a sense of hope and optimism in the person seeking help. They also suggest that the explanation the counsellor gives about why the person is experiencing the presenting problem can lead to their sense of hope for the future. In view of this, we have come to the conclusion that being hopeful is in some way contagious, and that if the counsellor is hopeful about outcomes for the person seeking help, then that person is likely to start to feel hopeful themselves.

## The therapeutic alliance

As discussed previously, Carl Rogers placed great emphasis on the value of the counselling relationship. He believed that the counselling relationship was therapeutic in itself (Rogers, 1961). Since Rogers' work, the concept of the *therapeutic alliance* has been introduced and investigated. Research has shown a strong positive relationship between the therapeutic alliance and counselling outcomes (Hovarth, 2001).

The idea that the therapeutic alliance was of importance in counselling outcomes was originally proposed by Bordin (1975). He suggested that initially it was important to establish a bond between the person seeking help and the counsellor, including the development of trust, acceptance and confidence, and additionally that there should be agreement between the person and counsellor with regard to counselling behaviours, interventions and cognitions that form the counselling process (Bambling & King, 2001). Therefore, the concept of the therapeutic alliance suggests that, in addition to particular attributes of the counsellor and of the counselling relationship, a *collaborative* therapeutic relationship makes an important contribution to the promotion of change.

We, ourselves, do not think that to achieve a good therapeutic alliance the counsellor needs, when counselling commences, to consult with the person seeking help in a structured or formal way in order to negotiate agreement with regard to the counselling process and goals. However, many counsellors do believe that this is important, so you will need to decide for yourself what you think is appropriate.



In our view, an effective therapeutic alliance extends the relationship between the person seeking help and the counsellor to enable them to work together *collaboratively* throughout the whole process of counselling. If this is done successfully, the reason that the person has come for counselling will be discovered, and the purpose and goals of the counselling process will become clear as the counsellor collaborates with them. Further, through collaboration, solutions will be found.

Creating a therapeutic alliance ensures that the person seeking help is valued as a person, as explained in Chapter 2, and that they are respected as being capable of working towards the discovery of solutions. However, rather than being a bystander, the counsellor collaborates with them in a working relationship. This enables the counsellor to enter into a respectful partnership with them in exploring new ways of addressing problems and of finding solutions. In this working relationship the person seeking help brings their innate skills, competencies, resources and natural ability to self-heal into the relationship, while the counsellor collaborates by offering their counselling expertise and skills, and sharing their ideas as an equal, rather than as an expert. This collaboration is effected with the person's full knowledge and understanding so that they are aware of their own and the counsellor's roles.

### BEING COLLABORATIVE WHILE SHOWING RESPECT FOR THE PERSON'S COMPETENCE

It is interesting to note that some theoretical models place a stronger emphasis on collaboration between a counsellor and the person seeking help than other models.

In Person-Centred Counselling there is a strong emphasis on the ability of the person seeking help to find solutions from their own resources. The counsellor is a facilitator who facilitates a process that enables the person to use their own inner processes in order to resolve issues and find solutions. Other approaches, such as Narrative Therapy and Solution-Focused Therapy, emphasise the need for the counsellor to work together with the person as equal partners in finding solutions, while still respecting the person's competence. In these latter approaches, the counsellor is active in using questions to propose and explore possible alternative solutions with the person. There are therefore differences in emphasis between the models of counselling. Some counsellors believe that primarily we need to facilitate a process that relies on the person's

**Being collaborative involves the establishment of a working relationship**

ability to discover their own solutions, while others believe that while respecting the person's abilities it is also beneficial to focus on engaging in a collaborative process to discover solutions. Clearly, you will want to decide for yourself what fits best for you.

If a useful counselling relationship is to occur, the counsellor must respect and value the person seeking help as a capable person. It is extremely important for a counsellor to respect their competence



and to hold the belief that they have the inner resources needed to deal with troubling issues, find solutions to problems, make decisions to change behaviour, and put desired changes into action. Some people come to counselling believing that they do not have the inner resources and capability to do such things. Their expectation is that the counsellor will help them by finding solutions for them. Often such people appear to lack a sense of personal power and self-confidence, which they require to enable them to be self-reliant. If the counsellor maintains the belief that they do have the required inner strength and competence required for self-reliance, then the counsellor will be in a position to enable them to get in touch with their own strengths and resources, to become self-reliant, to make decisions that suit them, and consequently to gain in self-esteem. In facilitating this process the integrative counsellor may, as a collaborative partner, introduce new ideas which can be explored with the person. If this is done with sensitivity and respect, the person can continue to be encouraged to explore their issues, make their own decisions, and find solutions which fit for them. Also, the counselling conversation can be enriched by the introduction of additional ideas by the counsellor. In this situation, the person is likely to believe that the counsellor cares enough to be involved as an equal partner in the exploration of problems and the search for solutions, thereby enhancing the relationship; the counsellor is actively helpful and involved in a process that is purposeful while working collaboratively with the person as an equal partner by contributing their own skills and attributes to the counselling conversation. During this collaborative process, the counsellor shows respect for the person's competence and ability as they explore troubling issues and make personal decisions that fit for them.

At the beginning of the chapter we listed a number of questions related to the question 'What factors promote positive counselling outcomes?' We hope you will agree that we have provided some answers to these questions, while leaving you to make your own decisions about what you think is best with regard to counselling practice.

## Learning summary

- Research has shown that some factors that are common to all counselling approaches promote effective counselling outcomes.
- The person seeking help needs to be able to trust that the counsellor will be of help.
- The counsellor is a facilitator and enables the person to use their own natural resources in order to change.



- The therapeutic alliance involves the use of a collaborative working relationship.
- Being collaborative enables the counsellor to show respect by engaging with the person as an equal partner and by bringing different skills and attributes to the counselling conversation.

## Training group exercises

### 1. Comparison of counselling approaches with regard to collaboration

Working individually, choose one of the counselling approaches described in Chapter 13. Think about how being collaborative, when using the approach you have chosen, might be either helpful and/or unhelpful. Use an anecdotal example to illustrate your answer. Finally discuss your answer in your training group.

### 2. Comparison of a collaborative approach with a non-collaborative approach

Work in pairs, with one of you acting as counsellor and the other presenting a personal problem. In this exercise avoid using a collaborative approach. Next, change roles with your partner, and in this exercise the person who is acting as counsellor should use a collaborative approach as far as is possible. Finally, in your whole training group share your experiences of using a non-collaborative approach compared with using a collaborative approach.

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# Chapter 15

## An integrative approach to helping a person change

As discussed in Chapter 13, there are a number of different therapeutic models of counselling practice in use today. These are each based on particular theoretical foundations. Models of practice can broadly be grouped as follows:

1. psychoanalytic
2. humanistic/existentialist
3. cognitive-behavioural
4. constructivist (narrative and solution-focused)
5. integrative.

The various approaches to counselling which fit into the above groupings are described in some detail by Feltham and Horton (2006). We, ourselves, prefer to use an approach that fits into the last group; this is an integrative approach. This approach integrates and makes use of theoretical concepts, skills and strategies taken from a number of the different counselling approaches which belong in groups one to four in the above list.

As a new counsellor, or counsellor in training, you may be curious about our reasons for choosing to use an integrative approach, so we will consider this now.



## Why use an integrative approach?

We have noticed that there is currently a strong movement among many practitioners within the counselling profession towards the use of integrative or eclectic approaches in preference to single theory approaches. There is a considerable body of literature supporting an integrative approach, including an established professional journal devoted entirely to the discussion of integrative counselling (the *Journal of Psychotherapy Integration*). Clearly, integrative counselling is now recognised as useful by many practising counsellors. An important reason for this is that none of the individual counselling approaches has sufficient explanatory, technical or conceptual power to help all of those who seek help (Beitman, 1994). Further, in our experience, the individual approaches, when used exclusively, are often insufficient to effectively help some people to address emotional issues, to make useful changes to their thinking, and to start to use new behaviours which are more adaptive.

Prochaska and DiClemente (1992) point out that both in the research literature and in clinical experience it has become clear that no single system of therapy adequately addresses what to do, when to do it, with whom, in what way, and with which problem. We agree that this has generally been the situation and believe that these difficulties can be minimised by using an integrative approach which involves a systematic but flexible process, as described in the next chapter. Such an integrative approach enables a skilled counsellor to choose skills and strategies that are most suitable for addressing a person's needs at each stage in the counselling process. Additionally, the counsellor can focus more strongly on the use of the approach or approaches that suit a particular person with particular problems.

**Each of the individual approaches has some limitations**

When using an integrative approach we need to recognise that the strategies we use come from various models of counselling and that these depend on differing theoretical frameworks. However, this does not need to be a problem. As pointed out by O'Brien and Houston (2007), what the integrative therapist does is to call on the practical wisdom that has evolved in whatever theoretical camp that seems relevant to the work at hand.

## Helping people change

As we have stated previously, a major goal of counselling is to help a person change. Usually people come to counsellors at times of crisis and emotional distress, when they do not know how to change so that they can feel better and be able to live more comfortable, satisfying and adaptive lives. If we are to be effective as counsellors in helping those who come to see us to change, then we need to have some understanding of the change processes that can occur as a consequence of counselling.



We need to recognise that although some people with emotional, psychological and behavioural problems are able to spontaneously change so that they feel better and behave more adaptively, others may have difficulty changing without the benefit of counselling.

Consider the question 'What is the value of counselling?' Beitman (1994) suggests that, rather than seeing counselling as a specific agent of change, we need to recognise that counselling can be a facilitator or accelerator of the self-change process which occurs naturally within people. In our experience this is true. When people come to see us as counsellors, we notice that they are often confused and overwhelmed by their problems and cannot recognise ways to change which would be helpful for them. By coming to counselling they are usually able to engage in a process that relatively quickly helps them deal with their emotions, change their thinking, and make decisions regarding future behaviours. The facilitative nature of the counselling process speeds up what might occur naturally over time without counselling.

Research findings show that positive change occurs regardless of the model of counselling used (Prochaska, 1999). Further, research suggests that the relationship between a person and their counsellor may be a more important factor in producing change than the model of counselling used (Howe, 1999). While respecting these conclusions, in our experience, the effectiveness of counselling in producing change can be maximised if we recognise that the skills that are most useful in producing change to a person's emotional state are not necessarily the same as those that are most helpful in facilitating change to thinking processes, or those that are most appropriate for addressing behaviour. Additionally, we believe that we need to recognise that it is important to match the skills we use with particular stages of the counselling process.

**The skills and strategies used need to meet the person's need at each stage in the counselling process**

In order to lead satisfying and comfortable lives, human beings need to feel good emotionally, to be free from troubling thoughts, and to engage in behaviours which lead to positive outcomes. Many people come for counselling because they are experiencing troubling emotions and thoughts and are engaged in behaviours that are unhelpful for them. It therefore follows that to be most useful counselling should address emotions, thoughts and behaviours. Now it is true that most, if not all, single theory counselling approaches do have the goal of bringing about change in a person's emotions, thoughts and behaviours. However, when we examine the strategies used in specific counselling approaches we find that most approaches tend to focus more heavily on either emotions, or thoughts, or behaviours. Additionally, in our view, most single theory counselling approaches do not significantly adjust their strategies to match stages in the counselling process, or to match the particular needs of individual people.



**Ideally the change process should address emotions, thoughts and behaviours**

In most single theory approaches there is an assumption that if change occurs in one of either emotional feelings, thinking processes or behaviour, then change will spontaneously occur in the others. Although we recognise that this may often happen, in our opinion it will not necessarily occur. We therefore think that it is important for counsellors to be skilled in making use of the different strategies that directly address emotions, thoughts and behaviours. In our view, strategies that are most effective in directly addressing each of these are different from each other and come from different theoretical models of counselling.

In order to help in the understanding of change processes, we will discuss methods counsellors use to promote emotional change, changes in thinking (cognitive change) and changes in behaviour. While pointing out differences in the ways that these three attributes can be addressed, we recognise that changing one of them may sometimes spontaneously produce change in the others.

## Facilitating emotional change

As we know, most people come for counselling help when they are experiencing a level of emotional distress. For some people, their emotions are clearly expressed, either verbally or non-verbally. For others, although they may exhibit some level of emotional distress, their emotional expression is more contained. From our experience as counsellors, we recognise that some people have difficulty identifying the emotions they are experiencing with clarity. Sometimes a person's emotions are so repressed that in the early stages of counselling it may be impossible for them to get in touch with their emotions.

As human beings our experience is that when we release our emotions we tend to feel better and to enter into a calmer state. For example, if we are grieving, and very sad, our experience is that if we let our emotions out by crying, afterwards we will feel better. We may not feel happy, but we are likely to be less distressed and more comfortable. In a similar way, if a person is very angry, they may need to release their anger in some way. This may be by shouting, punching a pillow or engaging in a symbolic ritual. Clearly, one way in which a counsellor may help a person to feel better is to help them to achieve catharsis through emotional release.

Many counsellors who use Person-Centred Counselling place a significant emphasis on reflection of emotional feelings. As a consequence of this, the people they help are likely to get in touch with strong emotions. When this occurs usually the counsellor will allow the person to fully experience the emerging emotion (subject to safety when dealing with people who are very angry). Generally, if a person starts to cry, the counsellor will allow the crying to continue until it naturally abates. Consequently



emotions are released and catharsis occurs. With regard to other emotions, such as frustration, anger and despair, the Person-Centred counsellor will usually encourage the person, through reflection of content and feelings, to verbally express the emotions rather than to avoid dealing with them. The reflective skills used by these counsellors are clearly very useful in helping a person to deal effectively with emotional feelings.

**Reflecting  
feelings can  
facilitate  
emotional  
release**

Counsellors who use an experiential counselling approach such as Gestalt Therapy have a different way of helping a person release emotions. The person may be encouraged to release emotions in a role-play by dialoguing in an imaginary way with someone who is, in their view, behaving in ways that make them feel bad. During the role-play they may be encouraged to act out their feelings by shouting, or they may be invited to physically express their emotions, for example by punching a bean bag; counsellors using a Gestalt Therapy approach directly seek to achieve catharsis by encouraging the person to act out emotional feelings with consequent emotional release.

We have explained how skills used in both Person-Centred Counselling and Gestalt Therapy can be extremely useful in dealing with emotions. As integrative counsellors we are able to choose whether to use a reflective Person-Centred Counselling approach or an experiential Gestalt Therapy approach when counselling. We recognise that what suits one person will not necessarily suit another. Although we have both trained in the use of Gestalt Therapy we recognise that some people do not like to be involved in experiential counselling strategies, whereas others find experiential work extremely useful. For people who are not comfortable with an experiential approach, we will choose to use reflection to deal with emotions. Additionally it should be recognised that early in a counselling process, when joining with the person seeking help is paramount, use of the less confronting Person-Centred Counselling skills are likely to be more appropriate than the use of an experiential approach.

Can you see the advantage of using a flexible integrative counselling style, where the skills can be deliberately selected so that they are most appropriate for the particular person and the particular stage of the counselling process?

You might ask, 'Is emotional release sufficient in itself?' In their book, *Emotional Expression in Psychotherapy*, Pierce, Nichols and Du Brin (1983) are clear in their belief that when feelings are expressed fully they lead to new ways for people to view themselves and the world. In other words, the person's thinking changes. The authors go on to say that the new ways of thinking and viewing the world then lead to more satisfying behaviours. However, they do recognise that this process does not happen automatically. Unfortunately, it may not necessarily happen at all. Although we believe that emotional release is a very important component of the change process, we do not believe that it is sufficient in itself. In our experience many people who release



**Releasing emotions is necessary but not sufficient**

emotions in counselling are unable to make significant changes to their thinking and behaviour without receiving more direct help to deal with their thoughts and behaviours. Unfortunately, those people who are unable to make changes in their thinking and behaviours are quite likely to re-experience ongoing problems in the future as troubling situations arise.

### Facilitating cognitive change (changes in thinking)

Skills from a number of therapeutic approaches can be used to bring about changes to a person's thinking. These skills include focusing on the person's strengths, challenging self-destructive beliefs, externalising, reframing, normalising, exploring polarities, and using the 'here and now' experience. These skills are described in subsequent chapters. We will now discuss their origins, and their usefulness in promoting change.

#### **FOCUSING ON THE PERSON'S STRENGTHS**

Focusing on the person's strengths will be discussed in Chapter 22. This approach helps the person to think more positively and start to recognise that they have the ability to cope with difficult situations. This strategy has its origins in Solution-Focused Counselling as discussed by Macdonald (2007).

#### **CHALLENGING SELF-DESTRUCTIVE BELIEFS**

The idea of directly challenging a person's self-destructive beliefs comes from Rational Emotive Behaviour Therapy as developed by Albert Ellis (Ellis, 2001). Ellis believed that people can be helped if what he called their 'irrational beliefs' were challenged and replaced by more 'rational' beliefs. As will be discussed in Chapter 20, Rational Emotive Behaviour Therapy theory suggests that changing thoughts automatically results in changing emotions and behaviours. Although this may sometimes happen, we don't believe that it will necessarily happen, because, as pointed out by Greenberg (2002), the interactions between emotions, cognitions and behaviour are complex and do not follow a simple linear sequence. In other words, changing one of these attributes will not necessarily change the others. However, strategies from Rational Emotive Behaviour Therapy can be extremely useful in helping to change self-destructive thoughts.

#### **EXTERNALISING**

Externalising is a strategy used in Narrative Therapy as developed by Michael White (White, 2007). The value of externalising is that it can help a person to have more control over their problem by separating the problem from the person, as will be described in Chapter 21.



## REFRAMING

This skill has its origins in Neuro-Linguistic Programming as discussed by O'Connor and Seymour (2003). This skill is particularly useful for those people who think within the constraints of a very narrow and negative view of their world. By using reframing, the counsellor may be able to help such people to take a wider and more positive view, changing the way they think about their situation.

## NORMALISING

Normalising, as will be explained in Chapter 17, involves giving a person information that helps them to understand that their feelings, reactions or situation are normal and to be expected, rather than unusual. The expectation is that after normalising their situation the person will usually be able to think about the situation differently and hopefully more positively. This is likely to affect not only their thinking but also their emotional state, enabling them to move forward and make useful decisions. Although normalising may have an effect on behaviour, it does not directly target behaviour, so behavioural change will not necessarily occur.

## EXPLORING POLARITIES

As will be explained in Chapter 23, exploring polarities is a Gestalt Therapy strategy. While the Gestalt Therapy intention is to target a person's experience as a whole, we believe that this particular strategy is most useful in changing the way a person thinks about, values and manages particular personal attributes. This strategy is most useful in helping to change the thinking of those people who are focusing on what they perceive as negative aspects of themselves.

## USING THE 'HERE AND NOW' EXPERIENCE

Using the immediacy of the 'here and now' experience is a Gestalt Therapy approach. The aim is to raise a person's awareness of what is happening in the present moment in the interaction between themselves and the counsellor. By raising the person's awareness of this, they get more fully in touch with what is happening within themselves, and what may be happening in their relationships with others. The aim is to bring about change in the whole of the person's experience including emotions, thoughts and behaviours. However, we believe that focusing on the immediacy of the counselling process is initially most likely to impact on a person's thoughts.

## USING DIFFERENT STRATEGIES FOR DIFFERENT PURPOSES

Can you see how we can use a number of different strategies, taken from different therapeutic approaches, for different purposes in addressing the way a person thinks? Some theorists from single model counselling approaches believe that changing thoughts automatically leads to emotional and behavioural change. Although we agree



that changing thought processes may to varying extents influence the emotions and behaviours of people, as integrative therapists we believe that it is more useful to target emotions and behaviours by using specific strategies which address these.

### Facilitating behaviour change

Until now in this chapter we have discussed ways of helping a person by using methods that involve emotional release and changes in thinking. For some people, this may be sufficient to produce behavioural change, but for others the counselling process needs to be more strongly directed towards addressing behaviours.

As explained in Chapters 25 and 26, we can use particular strategies to help a person explore their options for the future and make decisions about their future behaviour.

**By changing  
behaviour we can  
avoid repeating  
mistakes we have  
made previously**

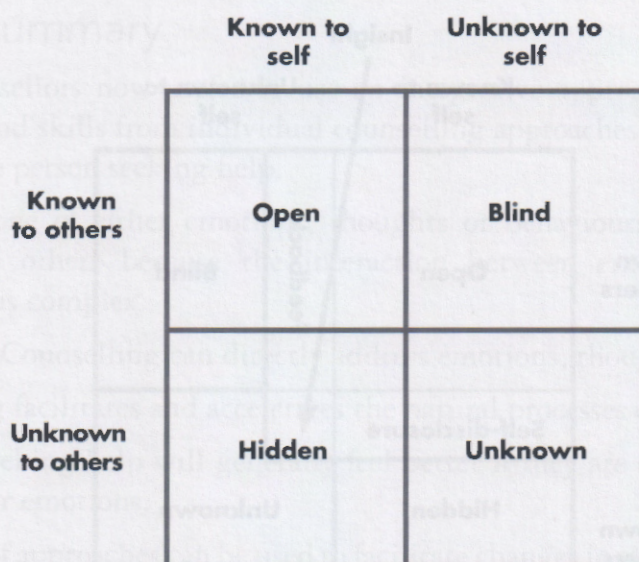
This can be done by using either a problem-solving approach or a Gestalt Therapy approach. When using a problem-solving approach questions as described in Chapter 9, particularly those from Solution-Focused Counselling, can be used. If a Gestalt Therapy experiential approach is used, the person can be invited to engage in experiential practical experiments related to behavioural change.

### Change occurs in counselling through a process of exploration and self-discovery

A good model to illustrate the usefulness of the process of self-discovery in counselling is the Johari window. The Johari window was devised by Joseph Luft and Harry Ingham at a workshop in 1955 and is shown in Figure 15.1. According to Luft (1969) the name 'Johari' is pronounced as if it were 'Joe' and 'Harry', which is where the name comes from: Joe-Harry. However, most counsellors do not pronounce the word this way. The window has four panes as shown. Each pane in the window contains information about the particular person who is represented by the window. The two panes on the left-hand side contain information that is known to the person, whereas the two panes on the right-hand side contain information that is unknown to the person. The two panes at the top contain information that is known to others and the two panes at the bottom contain information that is unknown to others.

Information in the top left-hand pane (the *open* pane) is openly recognised by both the person and other people. For example, if David were to use his own personal window as an example, he might recognise that he gets satisfaction from writing textbooks and other people are aware of this information. Consequently this information is in his *open* pane. Information in the bottom left-hand pane, labelled *hidden*, is known to him alone and unknown to others. He can possibly think of some characteristics and beliefs of his that would fit into this pane, but if he doesn't tell anyone else they stay hidden.





**Figure 15.1** The Johari Window

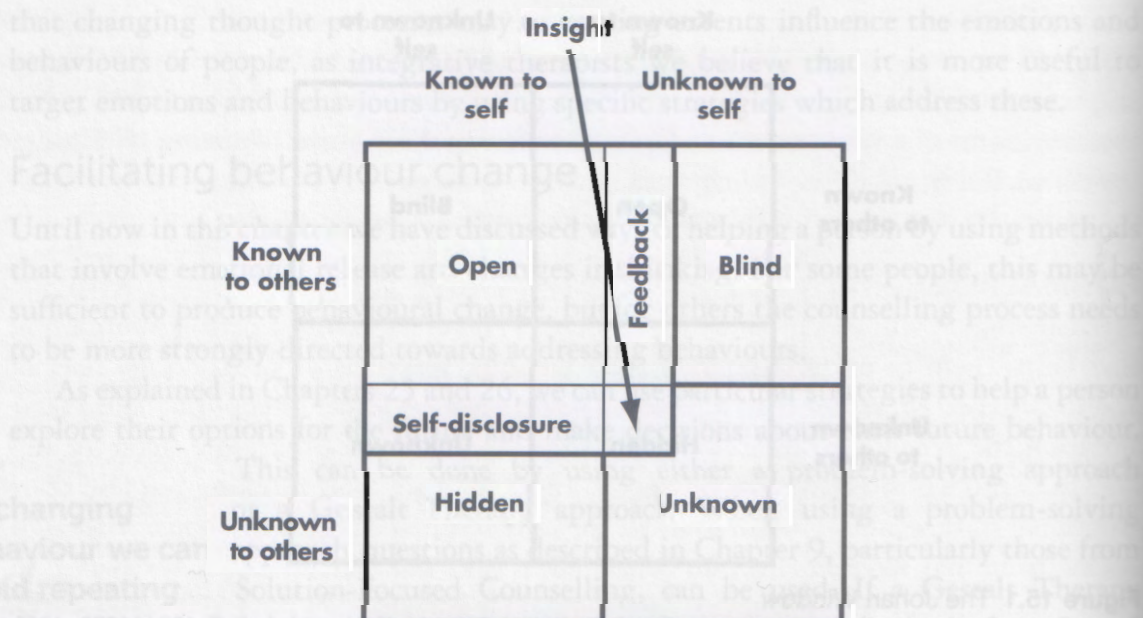
From: *Group Processes: An Introduction to Group Dynamics*, 3rd edn, by Joseph Luft © 1984, 1970, 1963. Reproduced by permission of The McGraw-Hill Companies.

Information in the top right-hand pane labelled *blind* is known to others but not to David. For example, other people may know that he has some special qualities that he may not recognise. Information in the bottom right-hand pane labelled *unknown* is totally unseen and is locked in David's subconscious.

### THE INFLUENCE OF COUNSELLING ON THE JOHARI WINDOW

The likely influence of successful counselling on the Johari window is shown in Figure 15.2. When a person comes to talk with a counsellor, it is quite likely that at first they will talk about information in the *open* pane. However, if a trusting relationship develops, the person may take the counsellor into their confidence and self-disclose information from the *hidden* pane, in turn enlarging the open pane. Additionally, as counselling proceeds the counsellor may give the person feedback or ask questions. As a result of the feedback and questioning, the person may discover information that was unknown to them but may, or may not, have been recognised by the counsellor. Once again the open pane is enlarged. As a consequence of the counselling process, the person may gain 'insight' (to use a Psychoanalytic term), or gain 'awareness' (to use a Gestalt Therapy term), or discover 'previously unknown possibilities' (to use a Solution-Focused or Narrative Therapy description). As shown in Figure 15.2, the person's self-knowledge is likely to increase during an effective counselling process, allowing for personal growth which will inevitably result in some level of change in





**Figure 15.2** The effect of counselling on the Johari window

either emotional affect, thinking processes or behaviours. We believe that this change process is enhanced when the counsellor uses an integrative approach that specifically includes skills to address emotions, thoughts and behaviours, as explained in the next chapter.

### In conclusion

As discussed at the beginning of this chapter, the counselling style described in this book is integrative; it draws on strategies and skills taken from a number of differing counselling models.

**Integrative counsellors select skills and strategies to meet a person's immediate needs**

As counsellors, if we are to be effective in helping those who come to see us, we need to be skilled in enabling them to make changes. If we help them to release emotions they will feel better in the short term. However, if our counselling help is to be of long-term value, after emotions have been released we also need to help them to change their thoughts and behaviours. If we do this, it is likely that they will be able to deal with future problems in more adaptive ways.



## Learning summary

- Many counsellors now prefer to use an integrative approach, drawing theories, strategies and skills from individual counselling approaches to suit the immediate needs of the person seeking help.
- Changing one of either emotions, thoughts or behaviours does not necessarily change the others because the interaction between emotions, thoughts and behaviours is complex.
- Integrative Counselling can directly address emotions, thoughts and behaviours.
- Counselling facilitates and accelerates the natural processes of change.
- A person seeking help will generally feel better if they are able to talk about and express their emotions.
- A number of approaches can be used to facilitate changes in thinking. These include reframing, challenging self-destructive beliefs, normalising, exploring polarities, focusing on strengths, and using the 'here and now' experience.
- As described by the Johari window, human beings naturally have information about themselves, some of which is hidden from others and some of which is hidden from themselves.
- If a person can accept the hidden parts of themselves, they are likely to be better able to deal with these parts, and consequently to be able to lead more adaptive and satisfying lives.

## Training group exercises

### 1. Comparison of integrative and eclectic approaches

Working in small groups, research the literature with regard to the various integrative and eclectic approaches used in counselling. This research might include reference to textbooks, journal articles, and searching the internet for relevant information. Pay particular attention to the difference between being integrative and being eclectic. After completing this research discuss your findings in the whole training group.

### 2. Exploration of the way people change

Spend a few minutes working individually, thinking quietly and writing down your thoughts. Try to think of a time when a change in your feelings, thoughts, beliefs, attitudes or behaviour occurred. This change may have happened suddenly or over either a brief or a long period of time. What brought about the change? Was it external influences such as the influence of the media or other people, or did the change



occur entirely through internal processes such as a realisation or idea that emerged within you?

After completing this exercise, if you feel comfortable to do so, discuss what you have written with other members of your training group.

### 3. The Johari window

Draw a copy of the Johari window (Figure 15.1) on a sheet of paper. Write information in the *open* window that you believe you know about yourself, and that you think others know about you. Think about the information which is in the *hidden* window and write down reasons why this information is not in the *open* window. Remember that everyone has a right to keep information about themselves private. Finally write down how you might feel if someone told you information about yourself that others had noticed but was not recognised by you. That is information in the *blind* window.

Finally, discuss those things that you have learnt from this exercise with your training group. Talk about the relevance of this information to the counselling process. Remember that in taking part in this discussion it is not necessary for you to disclose personal information that you wish to keep private.

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# Chapter 16

## Combining skills to facilitate the change process

In Chapters 5 to 12 we have described a number of basic counselling skills. In Chapters 17 to 28 we will discuss additional skills which can be used in conjunction with the basic skills. In this chapter we will look at the way in which we can combine and integrate all of these counselling skills into a sequential process which optimises the possibility of producing change. In looking at this process we do need to recognise that each counselling session will be different from every other session; no two counselling interventions are going to be the same. However, after counselling for a long time, many counsellors recognise a common pattern in the processes that occur during counselling sessions. The flow chart in Figure 16.1 illustrates this pattern in diagrammatic form. Although this flow chart is useful in creating a general understanding of the stages of counselling processes which commonly occur in counselling, please be aware that the various stages described by the chart will often overlap, repeat themselves, and occur in a different order from that shown.

**The stages of  
the counselling  
process need to  
be varied to suit  
the person's need  
at any particular  
time**

### Primary counselling skills

Figure 16.2 shows how particular counselling skills fit into a process which starts with the 'joining' stage and ends with the 'closure' stage. You may notice that in the centre of the figure we have a frame entitled 'Primary counselling skills'. We consider



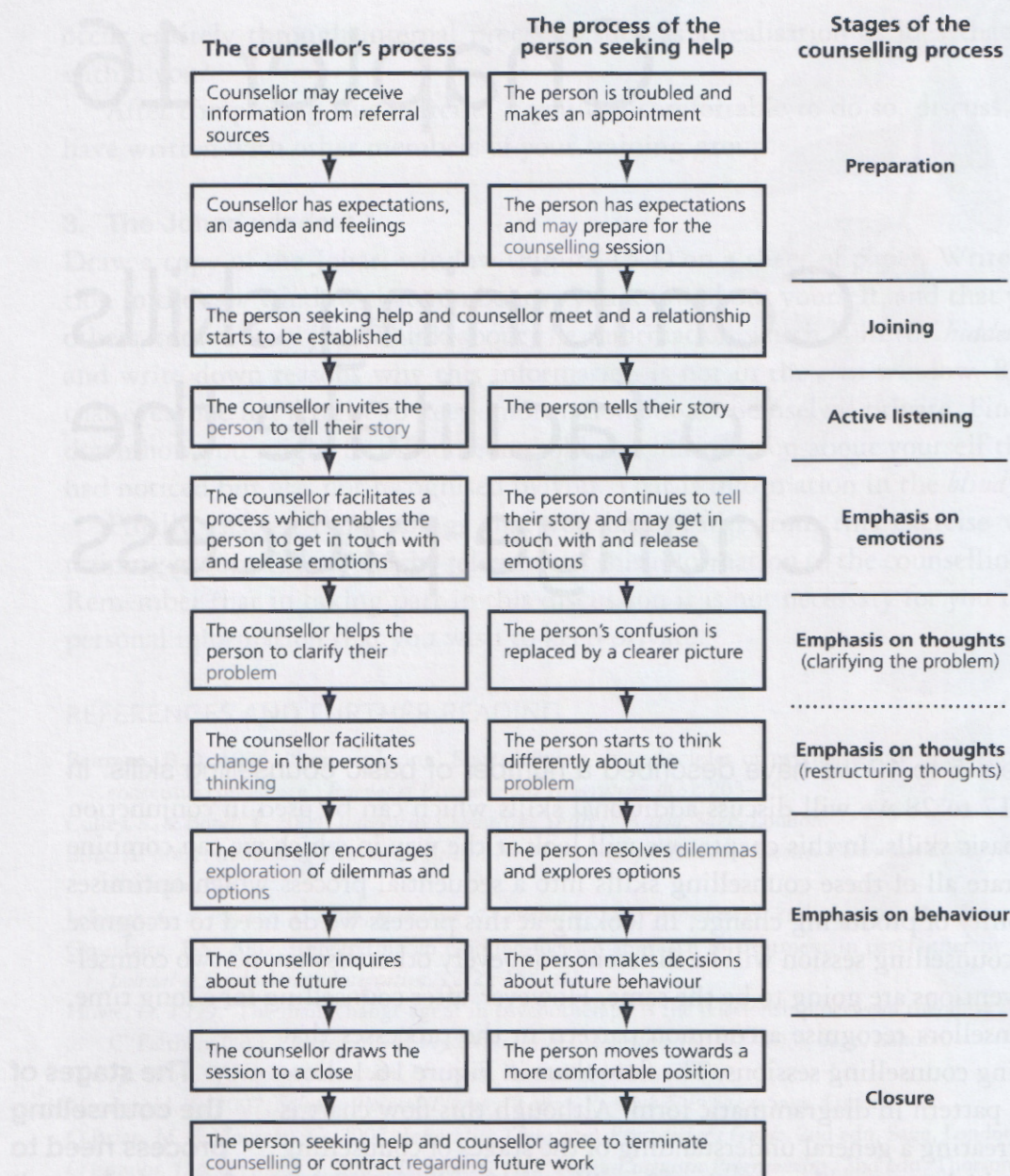
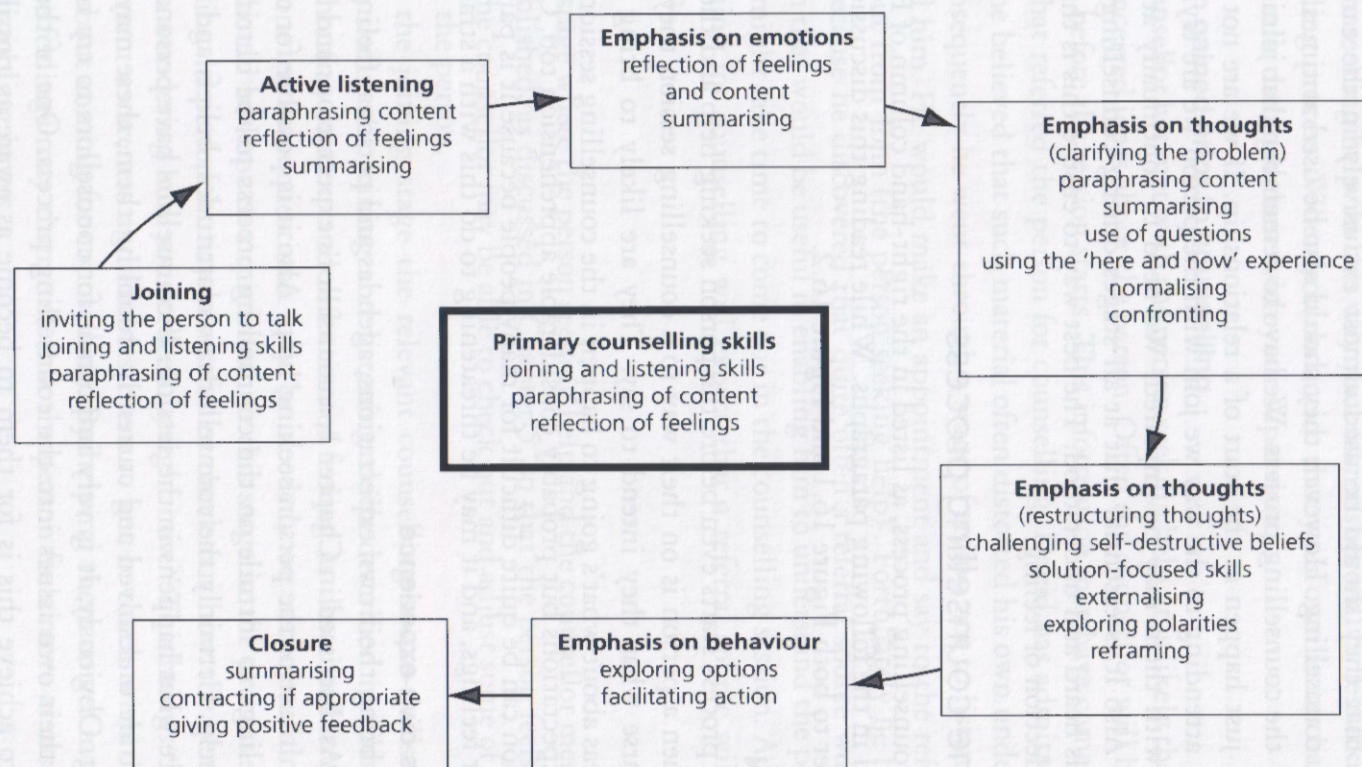


Figure 16.1 Stages of the counselling process

the skills of joining and listening, paraphrasing content and reflection of feeling to be primary counselling skills. We believe that these skills are the most important and useful of all the counselling skills because they can be used with effect at any point within a counselling session. Consequently we have placed the 'Primary counselling skills' frame in the centre of Figure 16.2 to emphasise the way that these skills





**Figure 16.2** Relevance of skills to the stages of the counselling process



**Primary  
counselling skills  
can be used at  
any stage of  
the counselling  
process**

are applicable in all stages of the counselling process. These primary counselling skills have been described in Chapters 5 to 8. We believe that they should be used almost exclusively in the early stages of counselling. However, they should also be used at times throughout the counselling process. We have to remember that joining does not just happen at the start of a relationship. If we are not diligent in attending to the way we join with the person we are trying to help, our connection with them may be impaired. We need to continually attend to the joining process. Also it is essential that at all stages during counselling the person seeking help feels heard and understood. The best way to ensure this is through paraphrasing and reflection of feeling.

## Stages of the counselling process

The stages of a counselling process, as listed in the right-hand column of Figure 16.1, will be discussed in the following paragraphs. While reading this discussion it might be helpful to refer to both Figure 16.1 and Figure 16.2.

### PREPARATION

The counselling process starts even before the person seeking help and the counsellor meet. Often, when a person is on their way to a counselling session they will think about and rehearse what they intend to say. They are likely to bring with them preconceived ideas about what's going to happen in the counselling session. They will have not only expectations but probably considerable apprehension too. Coming to a counselling session can be quite difficult for many people because it is painful to talk about deep inner feelings, and it may be threatening to do this with a stranger.

#### The counsellor's own experience

Counsellors also bring their own expectations, agendas and personal feelings to counselling sessions. As discussed in Chapter 1, a counsellor's expectations and agenda may be different from those of the person seeking help. Also it is possible for the counsellor's personal feelings to intrude on the counselling process to the detriment of the person seeking help. Certainly the counsellor's own attitudes, beliefs and feelings are likely to influence what happens in the session. If counsellors have personal problems of their own that are unresolved and currently troubling them, these may well affect their counselling. Obviously, it is very important for counsellors to try to minimise the intrusion of their own issues into the counselling process. One of the best ways for counsellors to achieve this is for them to become as aware as possible of their own personal troubling issues, and to stay in touch with what they are experiencing internally during each counselling session. We believe that if, when counselling, you



deliberately take notice of what is happening within yourself, then you will be better able to deal appropriately with what is yours, and to separate that from what belongs to the person seeking help. In this way your own issues will be less likely to intrude on the counselling process. When you do notice that your own issues have intruded it is essential to talk through these with your supervisor.

### **Information gained prior to counselling**

Before a counsellor has met with the person seeking help, it is likely that they may have some preconceived ideas about the person. Often the counsellor will have information about them before the session starts. This information may have come from the person or agency that referred the person for counselling. David has admitted that as a new counsellor he believed that such material often distorted his own understanding of the person. Consequently he went through a stage of trying not to listen to what referral sources told him. He would make an appointment and say to the referral source: 'I'll find it all out from John (the person seeking help)'. Fortunately he has changed that approach because he discovered that quite often a referral source would have factual information that would be useful in enabling him to understand the person more fully, and which might take time to come out in the counselling session. Additionally, some people coming for counselling will expect that a referral source will have provided information.

### **JOINING**

This is the stage where the person seeking help and the counsellor meet and a relationship is established, as discussed in Chapter 5, so that the person feels at ease. Also, at this time, the counsellor may be able to check out and adjust some of their preconceptions about the person.

During the joining stage the relevant counselling micro-skills are the primary counselling skills: the joining and listening skills described in Chapter 5, together with paraphrasing content and reflection of feeling as described in Chapters 6 to 8. Although one or two questions may be needed, we recommend that the use of questions should be kept to a minimum at this stage in the process. However, in the initial settling-in period it may be useful to check out how the person is feeling by asking, 'I'm wondering how you are feeling right now?' This brings the focus onto the person's current awareness and enables them to get in touch with their own anxiety or tension about coming for counselling. By helping them to get in touch with these feelings, the feelings may change so that the person feels more at ease as they start to talk about troubling issues.

Sometimes a person will come with a 'shopping list' of things that they wish to talk about, and may even produce lengthy handwritten notes. When someone who comes



to see us does this, we try to help them feel that what they have done is useful and valuable preparation. However, we avoid getting trapped into working through the shopping list item by item, and instead use the list to generate energy in the person. For example, we might say, 'This list is really important. When you think about it, what do you think about first?' This enables the person to find a starting point from which to proceed naturally, in whatever direction their energy takes them. More often than not the shopping list will become irrelevant as more important underlying issues emerge.

**Counsellors are not experts or magicians who can solve other people's problems**

**Clarifying the counsellor's role**

Unfortunately some people perceive counsellors as 'experts' with almost magical skills, who are capable of using clever psychological techniques to solve other people's problems. Consequently, there may be a need for you, the counsellor, to explain exactly how you *do* see yourself. For example, you might say:

*'Look, I don't see myself as an expert who can solve your problems for you. In fact, I believe that you will always know and understand yourself better than I will know and understand you. However, I hope that in this session you and I together can explore what's troubling you so that you can make some progress towards feeling more comfortable.'*

Alternatively, you might say something like:

*'It would be great if I were a magician who could wave a wand over you to solve your problems. I can't do that, but I can offer you the opportunity to come here and explore your problems with me in a safe and confidential setting. Hopefully, by doing that, you will start to feel more comfortable.'*

**ACTIVE LISTENING**

During the active listening stage a counsellor will usually rely mainly on paraphrasing, reflection of feeling, and summarising. Once again, although it may be necessary to ask one or two questions, it is preferable for these to be kept to a minimum.

As the person starts to talk about their issues, the counsellor can respond by using minimal responses, paraphrasing and reflecting feelings. By doing this the person is encouraged to disclose what is troubling them, in their own way and at their own pace, and without unnecessary intrusion into that process by the counsellor. Consequently the person's story unfolds and the relationship between them and the counsellor develops as the person feels valued by the counsellor's active listening. Through the counsellor's paraphrasing and reflecting, the person can gain an assurance that the counsellor has both heard and understood them.



During the active listening stage, while keeping a check on their own inner experiences, counsellors need to focus their energy by concentrating as fully as they can on what is happening inside the counselling room. In particular they need to fully attend to the person, to concentrate on listening to and observing them, and to sense what they are experiencing. This is not always easy and there will inevitably be occasions when a counsellor's attention does wander through an intrusion in the counselling environment, the presence of intrusive thoughts, over-tiredness, or for some other reason. If this does happen it may be best to be open and honest with the person and then to re-focus on the counselling process. Remember that no-one is perfect. If you are starting to become over-tired you might like to read Chapter 41, which is entitled 'Looking after yourself'.

### EMPHASIS ON EMOTIONS

During this stage the counsellor will use reflection of feelings in order to help the person get in touch with their emotions. Clearly, this needs to be done in the context of the information that is being disclosed. It follows that in addition to using reflection of feelings the counsellor needs to make use of paraphrasing and summarising. New counsellors need to be aware that during this stage of the counselling process it is likely that people who are experiencing high levels of distress will get in touch with, and express, strong emotional feelings. While continuing to be empathic, the counsellor needs to remain grounded because inevitably, if they are joined with the person, they will experience emotional feelings themselves. Although some counsellors believe that it is useful for them to fully experience the emotional feelings of the person seeking help, we think that there are dangers in doing this. For example, imagine that they start to cry. If the counsellor were also to start to cry, the person might become concerned and believe that what they were telling the counsellor was too hard for the counsellor to hear. Rather than focusing on their own problem, the person might become more concerned about the counsellor and want to nurture them. Clearly, this would not be useful. We think that, when counselling, if someone starts to cry it is important not to interrupt that process, but to allow them to cry and express the emotion so that cathartic release can occur. In our view, it is most useful if the person believes that they can share their innermost thoughts and feelings with a counsellor who is able to listen calmly and dispassionately but empathically. Some people will find this difficult to do as they believe that being dispassionate is incompatible with being empathic. We don't see it that way. We think that when we are able to remain grounded so that our own emotions are contained we are able to show the person warmth and empathy without interrupting their need to fully express their emotions without unnecessary constraint.

**Counsellors need  
to be able to  
manage their  
own emotions**



It certainly can be difficult at times for a counsellor to contain their own emotions during counselling sessions when they are listening to someone who is very distressed. We, ourselves, find that at times we leave a counselling session feeling strong emotions of our own as a result of what we have heard. When this happens we are careful to make sure that we debrief by talking with another counsellor or with our supervisor (see Chapter 40).

### **Respecting the pace of the person seeking help**

In the early stages of counselling it is common for a person to be unable to recognise and talk about their emotional feelings. They may want to talk about things 'out there' rather than get in touch with their inner experiences. They may want to talk about other people's behaviour, and about other people's fears. They may want to focus on what has happened in the past rather than on the present, and to focus on events instead of on their own inner feelings. In this situation it can be useful to encourage the person to focus on their inner feelings and thoughts, as they are in the present. However, it is also important not to pressure the person but to allow them to move at their own pace. At first, it is appropriate to respect the person's need to talk about the 'out there' things as it may be too painful for them to focus on their own inner processes. With time, as they deal with the 'out there' problems and the 'out there' situations, they are likely to move slowly towards recognising and talking about their own feelings from the past. This is because past feelings will probably not be as threatening as present feelings. Later, they may feel more able to own their current feelings and move towards experiencing them.

Take time in helping the person to experience their own thoughts and feelings in the present. It is important to do this sensitively because they need to be able to gradually approach the painful parts of their life, rather than to be pushed into doing this too quickly. Allowing them to begin exploring their most painful emotional experiences at a pace that suits them minimises the possibility that they may avoid fully exploring the emotional feelings that are troubling them.

### **EMPHASIS ON THOUGHTS—CLARIFYING THE PROBLEM**

During this stage of the counselling process, as explained previously, the counsellor needs to continue using the primary counselling skills as at all other times during the process. However, a number of additional skills are now needed. As the person's trust develops, the counsellor will be able to ask appropriate questions where necessary in order to help them move forward and identify the most pressing problem. The counsellor needs to be active both in using questions and in summarising to help the person clarify their problem. Important parts of what they have said need to be drawn together by summarising these to help the person focus more clearly.



Once the problem is clearly identified, depending on its nature, it is often helpful in clarifying it to make use of one or more of the skills described in Chapters 17 to 19; that is, the skills of normalising, using the 'here and now' experience, and confronting.

### **EMPHASIS ON THOUGHTS—RESTRUCTURING THOUGHTS**

During this stage of the counselling process there are some additional skills that are particularly useful in promoting change. These are the skills of challenging self-destructive beliefs, externalising, solution-focused skills, exploring polarities, and reframing, which will be discussed in Chapters 20 to 24. One or more of these skills can be selected and used to encourage the person to choose more constructive beliefs and ways of thinking about their problem.

### **EMPHASIS ON BEHAVIOUR**

The counsellor may now be able to assist the person to move forward into exploring options, resolving dilemmas and planning for action using the skills discussed in Chapters 25 and 26. However, it is important to ensure, as stated previously, that the person does not feel pressured. It is important to focus on raising their awareness of their present situation rather than pushing for choice or action. To encourage a person to make a choice prematurely will pressure them, and will make it harder for them to reach a decision. If they are not ready to make a choice, they must be allowed to feel that it is OK to be unable to make a decision, and it is OK to remain stuck for the present.

### **CLOSURE**

A good way to close a counselling session is to summarise important personal discoveries that have emerged during the session. Generally, it is better to pick out what was important in a session rather than to attempt to summarise everything covered in the session. At the close of a session you might wish to imagine that when the session began the person brought into the room an awkward bundle of thoughts and feelings. They then dropped the bundle onto the floor and started to examine the contents one at a time. After examining each item, some were retained, some were thrown away and others were exchanged. After that the person needed help to tie up the bundle into a neater, more manageable package. A counsellor can provide such help by using a summary to tie together important themes which have emerged during the counselling process. It is important to remember, using the metaphor of the bundle, that the bundle belongs to the person seeking help, so it must be their decision about how and when they complete their repackaging.

### **Respecting the person's process**

Sometimes a person will not be ready to tie up the package. Sometimes they will be left in a very uncomfortable space, feeling stuck, unhappy or distressed about what



they have discovered during the counselling process. Many counsellors, especially new ones, want the people who seek their help to leave sessions feeling happy. However, it is important to remember that often it is useful for a person to be able to spend time between counselling sessions mulling over what has been discussed in the counselling session so that they can absorb and make sense of it before coming back again, if they need to.

It can be distressing for a new counsellor when someone who arrived for a counselling session looking composed leaves the session showing signs of emotion. This will inevitably happen at times because if a counsellor is effective the person may move into

**Change often occurs between sessions as a person processes what they have discovered in a session**

areas that previously had not been openly explored. Consequently, they may feel the pain of experiencing emotions that had been suppressed and leave the counselling session exhausted and sad. Sometimes allowing the person to do this can be therapeutic and the positive results of this process may be seen when they return for a subsequent session. However, if the counsellor suspects that a person may engage in self-harming behaviour as a consequence of raised emotions, then appropriate action needs to be taken (see Chapters 35 and 39).

## In conclusion

The process of a counselling session described in this chapter gives an overview of the way that various counselling micro-skills can be used at different stages of the counselling process. However, we hope that, as a counsellor, you won't attempt to follow this process rigidly, but rather will allow the process to emerge naturally. As explained previously, the stages of the counselling process described in this chapter and illustrated in Figures 16.1 and 16.2 do not necessarily occur sequentially; not only may they overlap, but at times the process will return to an earlier stage before continuing. Consequently, it is sensible to do as described in Chapter 2, that is to allow the person to go at their own pace, in their own direction and to feel as though they are going on a journey with you, the counsellor, walking alongside. In this process, you will at times use your skills to enable the person you're helping to continue on a journey in a useful way. If you do this, the counselling process will occur naturally, smoothly and without great effort on your part. Most importantly, the person will be undergoing a process of growth which may enable them to lead a more fulfilling and less painful life.



## Learning summary

- The typical stages in a counselling session are described schematically in Figure 16.1.
- Skills used at each stage in the counselling process are illustrated in Figure 16.2.
- The expectations, agenda and personal feelings of both the person seeking help and the counsellor will affect the helpfulness of a counselling intervention.
- Counsellors don't pretend to have magic wands!
- Initially people seeking help often want to talk about things 'out there', other people and past events, rather than focus on their own inner feelings and thoughts.
- After a person has talked about their problem, allow them to explore and express their emotions, then help them to clarify the problem and restructure their thoughts. Finally, help them to explore their options and make decisions regarding their future actions.

## FURTHER READING

Ivey, A.E. & Ivey, M.B. 2008, 'Integrating microskills with theory: person-centered, cognitive-behavioral, and brief counseling', in A.E.Ivey & M.B. Ivey, *Essentials of Intentional Interviewing: Counselling in a Multicultural World* (pp. 260–86), Brooks/Cole, Belmont.



A decorative background pattern of stylized, overlapping leaves in a light gray color, primarily concentrated on the left side of the page.

# Part IV

## Additional skills for promoting change



# Chapter 17

## Normalising

As we sat down to write this chapter David talked about an emotionally troubled person who came to see him. He said:

*Some time ago a person came to me in deep distress. 'I think I'm going crazy', she said. 'My head is buzzing with thoughts that flit in and out. I can't concentrate on anything for even a minute or two, and I'm getting nothing done in my daily life.'*

*I was concerned. Was this person really going crazy? Did she need medication or specialist psychiatric help?*

*I listened to her story using the basic skills and processes of counselling as described in this book. As the counselling session proceeded she sobbed as she got in touch with her sadness, and I began to understand. Once again she asked me, 'Do you think I'm going crazy?' and this time I was able to say, 'No, I don't think you are going crazy. If I had suffered the trauma you've just described I think that I would also feel the way you do'. I continued: 'I think that what is happening to you is inevitable and normal for someone who has had your recent experiences'. I also said that maybe if she was finding the emotional pain too severe she could ask her doctor to consider prescribing medication. However, she chose not to do so, and I was pleased to notice that when she came back to see me a week later she was slowly and naturally moving into a more comfortable emotional space.*



**The person seeking help can feel relieved if the skill of normalising is used correctly**

That story illustrates the use of the skill called 'normalising'. David told the person that in his judgment what was happening to her was inevitable and normal. He noticed that she looked relieved and less tense as soon as he was able to tell her that he did not think that she was going crazy but saw her emotional distress as normal for the situation.

The skill of 'normalising' can be particularly helpful if used appropriately. Often a person's anxiety can be reduced if they can recognise that their emotional state is normal and appropriate for the situation.

The example given above involved normalising a person's emotional response to trauma. However, the skill can also be used to normalise behaviour and relationship changes that occur as part of life's normal developmental crises. Readers who are interested in learning more about the types of problem that often occur as a result of developmental crises at various stages in life may be interested in reading Chapter 8 in our book *Counselling Skills in Everyday Life* (Geldard & Geldard, 2003).

### **THE NEED FOR CARE**

Clearly we need to be careful in using the skill of 'normalising' because it would be irresponsible, unethical and possibly dangerous to tell someone who was experiencing severe problems of a psychiatric nature that they were OK and did not need specialist treatment. A counsellor who is in doubt about a person's psychological condition should consult with their supervisor and refer them to a professional who is competent to make a proper assessment.

### **Uses of normalising**

Normalising can be applied to:

1. emotional states
2. changes in behaviours, roles and relationships due to developmental crises.

#### **1. NORMALISING EMOTIONAL STATES**

The goal in normalising a person's emotional state is to help them to reduce anxiety by letting them know that their emotional response is a normal one. Commonly people become frightened by their intense emotions in times of crisis. Fear of their highly charged emotional experiences leads them to wonder whether they are going to fall apart completely and end up in a psychiatric ward. As we know, the reality is that this could happen to any one of us. A high percentage of the general population require psychiatric help at some point in their lives so it is not realistic to deny a person's fear of what could happen. Instead, recognition of the fear with a response such as 'You're



frightened that you're going crazy' is sensible. If, as a counsellor, you think that the person's emotional response is appropriate for the situation, then it will probably be helpful if you tell them that. If you are unsure about the need for more specialist help, it is sensible to give the person the option of seeking further assistance. You might say: 'The emotional state you are experiencing and describing seems to me to be a normal response to your situation, but if you are unsure about your ability to cope then you may want to look for more specialist help. What are your options in that regard?' It might then be possible for you to make suggestions with regard to referral for assessment or treatment. If in doubt, the appropriate thing to do is to consult your supervisor.

## 2. NORMALISING CHANGES IN BEHAVIOURS, ROLES AND RELATIONSHIPS DUE TO DEVELOPMENTAL CRISES

We all go through normal developmental stages in our lives. An example of a developmental stage is when a child takes its first few steps. Previously the child had been unable to walk and then their lifestyle changes as they learn to walk. The time when those first few steps are taken involves anxious moments, so in some sense it is a crisis time. However, it is inevitable and normal for a child to learn to walk and for there to be associated anxiety.

There are many developmental stages in our lives. These stages are generally inevitable and normal but usually involve anxiety. Unfortunately most people do not recognise the normal developmental processes and tend to respond to them inappropriately with panic and sometimes despair.

Consider some examples of common developmental changes. Happily married couples frequently run into trouble when a second or third child comes on the scene. With the first child things are usually fine, because both partners are delighted and proud as new parents and lavish time and affection on the new member of the family. However, things naturally and inevitably change with subsequent children. Often, although not always in our contemporary society, it's the mother who has most responsibility for parenting young children and much of her energy is taken up doing this. Consequently she does not have so much time or energy for her husband when the second or third child appears. She may feel resentful if she has interrupted her career by temporarily giving up her job with its associated social life. Her husband may feel resentful because his wife, due to the demands placed on her by the children, is no longer able to give him the attention and affection he previously enjoyed. Both partners may therefore be unhappy and may come to the conclusion that there is something terribly wrong with their relationship. However, this is a normal developmental crisis due to the changing nature of the family. It is to be expected and is

**A level of stress  
and anxiety is  
inevitable at times  
of developmental  
change**



almost inevitable. It can be a great relief to the partners in such a situation if the nature of the developmental crisis is explained. A counsellor might say, 'What is happening to you could almost have been predicted because you have reached this developmental stage in your family life'.

Often, as counsellors, we find that it is useful to use the word 'inevitable' when we are normalising a person's situation, even though using this word may result in an overstatement. For example, we might say to the couple we have been discussing, 'It's inevitable that you would feel this way'. By saying this, the couple are likely to feel relieved because if they believe that what is happening to them is inevitable, they are likely to lose their feelings of failure—they may be able to recognise where they have succeeded rather than focus on their disappointments. They may realise that there is nothing fundamentally wrong with their marital relationship, but that there is a need for both of them to look for new ways to deal with this developmental crisis. Without blaming themselves or each other, they can then take action to make changes so that they are both more comfortable. As you can see, normalising is a way for a counsellor to instil hope and optimism into the counselling process.

Another common time for distress due to a developmental crisis is when children grow to an age where they require very little parenting as they become more independent. This is a time when parents can feel a sense of worthlessness as one of their central life roles, that of 'parent', is diminished. Some people find considerable satisfaction in life through parenting and when this role diminishes they feel empty and lost unless they can find satisfaction in other ways. Additionally, they may feel rejected by their children who, in their search for individuation and independence, may naturally and appropriately distance themselves physically and emotionally from their parents.

Once again, normalising the situation by explaining to the person seeking help that what is happening to them is part of an inevitable and normal developmental stage in life can help them to feel better and to look for constructive ways in which to gain an increased sense of satisfaction.

If you stop to think, you will probably be able to identify a number of examples of times in your own life when feelings, behaviours, roles or relationships have changed due to normal developmental processes. It is often easier to recognise these for what they are when they happen to other people rather than to ourselves. This is why the skill of 'normalising' is so useful—it brings emotional relief as it raises awareness of the inevitable and normal characteristics of a situation.

### **WARNING!**

Normalising does not and must not involve minimising or devaluing a person's problem and pain. Normalising does not involve saying to a person, 'This situation is normal and inevitable. It's really no big deal, and everybody has to go through the same



process!' To do that would fail to address the person's genuine pain. What normalising does do is to give the person a better understanding of their situation by putting it in its developmental context. By doing this, the person may see their situation differently and understand why they are experiencing emotional distress, but also recognise that they are going through a normal process. This recognition may enable them to deal more effectively with their pain and to move forward, rather than to think that they are a failure and should somehow have been able to avoid the crisis. It is much better for them to be able to say, 'I couldn't have avoided this crisis, it is a normal and inevitable crisis that couldn't be avoided. Now I can look for ways to respond to this crisis constructively'.

## Learning summary

Normalising involves:

- > letting the person know that their emotional feelings are a normal response to their crisis *or*
- > explaining to them that they are experiencing an inevitable and normal developmental crisis that could not be avoided.

Normalising needs to be carried out appropriately with attention to the possible need for onward referral if the person is at risk psychologically.

Appropriate normalising does not minimise a person's problem or devalue their pain.

Appropriate normalising helps the person to feel better and to respond more constructively to their situation.

## Training group exercises

### 1. Practice examples for normalising

Working individually for each of the case descriptions below, devise and write down suitable counsellor normalising statements. Remember that normalising can instil hope and optimism.

- a. An elderly lady who had a successful career has recently retired. She is now bored with life, has no interests, and sees herself as a failure.
- b. A man in his twenties who has previously enjoyed a single life has recently moved into a close live-in relationship with a friend. He is confused because he says that he loves his friend and wants to continue the relationship. However, he feels claustrophobic and unable to do the things that he would like to do for himself.



- c. The father of a young child says that he and his partner (the child's mother) are having difficulty managing the child's behaviour and are arguing with each other about how to parent the child. It has emerged in the counselling process that the father's own family of origin was very easy-going and that physical punishment was never used. However, his partner's family of origin believed in the use of strict rules with physical punishment for disobedience.
- d. A middle-aged woman is unable to work or sleep and cannot understand 'what the matter is'. In counselling it transpires that there have been three deaths of near relatives in recent weeks. She herself worries about whether she has bowel cancer and is avoiding seeking medical advice.
- e. In a time of very high unemployment a 50-year-old, who was retrenched as a senior executive nine months ago, says that he has been unable to find employment. He feels deeply depressed, has lost his motivation and feels a failure.

## 2. Following up after normalising

After completing the previous exercise, work in your whole training group to:

- a. discuss your normalising statements with other members of the group
- b. discuss in the group, for each of the statements in the first exercise, what issues might need to be addressed by the person seeking help after the normalising response has been used.

## REFERENCES AND FURTHER READING

Geldard, K. & Geldard, D. 2003, *Counselling Skills in Everyday Life*, Palgrave Macmillan, Basingstoke.



# Chapter 18

## Using the 'here and now' experience

We all know people who are in the habit of continually complaining about their life situations, and who like to talk at length about the injustices of the world. They talk about things 'out there', which are apparently out of their control and are the responsibility of others. Rather than saying, 'What can I do to change this situation?', they use statements with words in them like 'They should ...', and 'They ought to ...', and 'It's disgraceful that they don't ...' Such people often go over the same ground again and again. It is almost inevitable that they will fail to move ahead, because no-one can change a situation that is not within their own sphere of control.

Do you ever behave like the people we've just described? Do you ever grumble, moan and complain about 'out there' things, things that are apparently other people's responsibility rather than yours? We both have to admit that at times we do.

### Taking personal responsibility

Notice how we started talking about other 'people who complain' in this chapter and are now looking at ourselves. Our guess is that you were more comfortable when the discussion was about others than you were when owning your own ability to grumble and complain. It's usually easier for us to distance ourselves from our own dysfunctional behaviour and to blame others for our problems.



**We can't change other people but we can change ourselves**

Unfortunately, if we complain about things that other people are doing or not doing, or about external events or situations, we are likely to get stuck in a rut of complaining, and to feel frustrated because we are powerless to bring about change. Conversely, if we focus on what we ourselves are doing, and on what is happening inside us, then we can, if we choose, take action to change what we are doing, or we can change our thinking so that we are better able to accept what is happening.

**Focusing on the 'here and now'**

**We can't alter the past or control the future but we can make choices in the present moment**

Similar logic to that just discussed applies to the present when compared with the past and future. We have no control over past events; they have already happened and we can't change them. Similarly, we have limited control over future events; they have not happened yet and we cannot be sure what the future will bring. Inappropriately focusing on the past or the future is likely to lead us into unending philosophising, complaining and worrying, whereas focusing on the present allows us to make sensible choices for our own satisfaction.

The preceding discussion is not meant to imply that it is inappropriate and of no value for a person to talk about what other people are doing, to talk about situations beyond their control, or to talk about past or future events. It does imply that there is little point in a person doing these things unless they also focus on what is happening inside them at the present time when they think about these situations or events. The focus in counselling needs to be on what is happening within the person at the moment in question, in the *here and now*, if the intervention is to be optimally therapeutic. The need to focus on the here and now is one of the central concepts of Gestalt Therapy (Houston, 2003).

Imagine a situation where a young man is angry about the way his father treated him when he was a child. He could talk about this past relationship time and again and make little progress. However, if the counsellor brings the focus onto what is happening within the person at the time when he talks about the past, then progress is more likely to be made. The counsellor might then tap into anger, resentment and bitterness that is present right now. As the counsellor listens to descriptions of past experiences, it is appropriate for the counsellor to ask the person how he feels as he talks about them. The counsellor might say, 'Tell me how you feel emotionally *right now*, as you talk about those past events'. By doing this, the counsellor brings the focus into the present, and brings current emotional feelings that are associated with the past experiences of trauma into the person's awareness. They are then able to fully experience those feelings and deal with them appropriately. It is only by experiencing



these emotional feelings fully that the person will be able either to reduce them or get rid of them, or to discover ways of dealing with them constructively.

### HELPING THE PERSON TO FOCUS ON THE PRESENT

One way of bringing a person's focus into the present is to watch their non-verbal behaviour and to tell them what you notice. Alternatively, you might ask a question about what they are experiencing emotionally. For example, their eyes may become watery as they recount some past event. Sensitively interrupting with the words, 'I notice the tears starting to form in your eyes', or 'Tell me what you are experiencing emotionally right now', is very likely to bring the person more fully in touch with their present internal experiences.

**Feedback of non-verbal behaviour is often helpful**

It can be useful to give a person permission to take time, to stay with their feelings and to experience them. In that way they are allowed to cry if hurting, are allowed to express anger if angry, and are allowed to own whatever other emotions are being experienced, so that they can move forward into a more comfortable space. If this is done, gradually they will learn to allow themselves to experience their feelings rather than to deny them. This learning in the counselling situation will hopefully extend into their daily life and enable them to be more responsive to their feelings generally. Therefore, they will be enabled to deal with their feelings as they arise rather than letting them build up to an intolerable level.

### 'Negative feelings'

As discussed in Chapter 23, a common cause of distress is an inability to properly and appropriately express 'negative' feelings towards others. For example, for many people the expression of anger is repressed from childhood. Whenever small children get angry their parents tend to say, 'Don't behave in that angry way. Don't throw a tantrum'. As a result, the child learns, incorrectly, that it isn't appropriate to express anger towards others even when an angry reaction is justified. Unfortunately, blocked anger often leads to depression, anxiety or stress. What is worse, if we don't let other people know how we feel towards them, or how we feel about their behaviour, then we prevent ourselves from having fully functioning, open and genuine relationships. Bringing issues out into the open and discussing them enables emotional feelings to be expressed, rather than suppressed with the pretence that they don't exist. The immediacy of the counselling relationship can be used to demonstrate how feelings can be shared in a constructive way that enhances rather than damages a relationship.

### Modelling

In the immediacy of the counselling situation there is a real-life relationship between the person seeking help and the counsellor. A skilled counsellor will naturally model



**What is learnt in the counselling relationship will hopefully influence other relationships**

adaptive and constructive ways of relating, and will also help the person to explore feelings that are generated by the counselling relationship. By learning to explore these feelings and bring them into the open, the person learns appropriate ways to deal with the feelings generated by relationships with others, and hence is likely to improve the quality of their relationships generally.

Imagine that by carefully observing the non-verbal behaviour of a person seeking help, a counsellor suspects that they are angry with them. The counsellor may have noticed, for example, an angry look flash across the person's face. However, because it is easy to misinterpret non-verbal behaviour, it is important for the counsellor to check out whether in fact it was an angry look. The counsellor might say, 'I've got the impression that you looked angry then', and as a result the person may become aware of anger and may be willing to explore it, or may get more fully in touch with whatever it was they did experience. In this way their feelings are brought into the open and the counsellor can respond appropriately and genuinely so that the relationship with the person is more authentic.

## Feedback

If counsellors are to be genuine in their relationships with those who seek their help, they need to stay in touch with their own feelings rather than suppress them so that they are not owned. Additionally, a counsellor's emotional feelings may provide important information about the counselling process. Consequently, by recognising, owning and responding appropriately to their own feelings in the immediacy of the counselling relationship, counsellors may be able to respond more effectively to the counselling process to the benefit of the person seeking help. However, counsellors do need to be careful in sharing their own emotional feelings, particularly if these are not positive, as it is not appropriate for a counsellor to unload their own feelings onto the person seeking help.

It does need to be recognised and admitted that some people engage in annoying behaviours. Consequently, sometimes a counsellor may recognise that they are starting to be annoyed by someone who seeks their help as a consequence of a particular behaviour.

**Counsellors need to deal with their own feelings in supervision with an experienced counsellor**

When this happens the counsellor firstly needs to recognise and own their feelings, and make a decision about how to deal with these. If the counsellor is not able to deal with these feelings in a way that ensures that they will not adversely affect the counselling process, or intrude on the counselling relationship, then the counsellor needs to explore these feelings in supervision with an experienced counsellor. Having dealt with their own feelings, a counsellor may recognise



that the person does indeed engage in a behaviour that interferes with the counselling process and may also be annoying to others. In this case it may be useful to give the person feedback in a way that is acceptable to them. This may enable the person to learn how the behaviour is perceived. Then they can, if they choose, change (see Chapter 15 regarding the influence of counselling on the Johari window). Such change might significantly affect the person's life in a positive way, because it could be that the way they behave in counselling is similar to the way they behave when interacting with other people in the wider environment. Unfortunately, most people are too polite to give useful feedback to friends, even when their friends exhibit quite destructive and maladaptive behaviours. However, sometimes it is possible for a counsellor to give useful and appropriate feedback in a respectful way.

### HOW TO GIVE FEEDBACK

Imagine that a counsellor was unable to finish a sentence when making appropriate counselling responses because the person seeking help continually interrupted. Initially, the counsellor would need to allow the interruptions to occur and to observe the process. However, after a while it might be appropriate for the counsellor to give the person some feedback. The feedback would need to be given in a gentle way that enabled the person to feel respected rather than attacked. In giving feedback, a counsellor in this situation might say, 'Right now I'm starting to feel concerned because I've noticed that I'm not able to finish what I've started to say'. The person might discover that their tendency to interrupt was interfering with the communication process, and they could, if they wished, change that behaviour. Obviously, this type of feedback would need to be given in such a way, and at such a time, that it was as non-threatening as possible and acceptable to the person. In any ensuing discussion, it might be helpful for the counsellor to ask the person whether they have noticed any problems occurring when they are talking with other people. By doing this the person might start to explore the way they communicate in their work and social situations, and recognise the usefulness of making changes.

**Feedback  
must be given  
sensitively**

When giving feedback, it is sensible to avoid starting a sentence with the word 'you' because this is almost certain to be seen as attacking and lead to a defensive response. Instead it is preferable to use an 'I' statement. Additionally, it is often useful to start with the words 'Right now' so that the statement is heard in the context of the present moment. A typical feedback statement will often have one of the following structures:

*'Right now I feel ... because ...'*

*'I feel ... when ...'*

*'I'm (puzzled, interested, concerned, or some other feeling word) because I've noticed that ...'*



By starting with words that describe how they are feeling, the counsellor is open and honest in their relationship with the person. Hopefully this openness will make it easier for the person to hear and accept what is being said. After describing the way the counsellor is feeling, a feedback statement continues with a concrete statement of fact. Consider the example previously given: 'Right now I'm starting to feel concerned because I've noticed that I don't seem to be able to finish what I am saying'. The statement after the word 'because' is a concrete statement of fact describing exactly what the counsellor noticed. It is not an interpretation. An example of inappropriate feedback in this situation would be to say, 'I feel irritated when you interrupt me because you don't want to listen to what I'm saying'. This statement would be likely to result in the person feeling criticised and attacked, because the word 'irritated' implies blame. The statement also involves an interpretation of the person's behaviour, which might be quite incorrect. As counsellors, we need to be careful not to include interpretation in feedback statements.

When giving feedback we do need to recognise that it is possible that the person may respond negatively and defensively. If this happens, the immediacy of the counselling relationship will be brought into sharp focus. This provides an opportunity for the counsellor to explore the person's perceptions of what is happening in the here and now so that the counselling relationship can be explored and enhanced.

The following are some examples of appropriate and inappropriate feedback statements. See if you can decide which are appropriate and which are not, and then check your decision by reading the comments at the end of this chapter.

### EXAMPLES OF APPROPRIATE AND INAPPROPRIATE FEEDBACK STATEMENTS

#### Example 1

You keep coming late to appointments because you don't think it's worth coming for counselling. *10*

#### Example 2

I am puzzled because I've noticed that you continually come late for appointments. *✓*

#### Example 3

You have put a barrier between us because you dislike me. *+*

#### Example 4

You are treating me like a father and I'm not your father. *+*



**Example 5**

*I am concerned because it feels to me as though you are relating to me like a son relates to his father.* ✓

**Example 6**

*Right now I have a shut-out feeling, as though there is a closed door between us.* ✓

From these examples and the comments provided at the end of the chapter you will have noticed that appropriate feedback involves the counsellor owning their own feelings in the relationship and sharing these together with a concrete statement of fact. Inappropriate feedback accuses, blames or interprets the person's behaviour and often starts with the word 'you'.

It is sometimes useful to teach a person seeking help how to use 'I' statements instead of 'you' statements. We teach them using the 'I feel ... when ...' structure, as this is easy to understand. We also stress the importance of making concrete factual statements and of not making interpretations.

Appropriately given feedback should have the goal of leaving a person feeling cared about, respected and valued. Remember that a counsellor does not need to like a person's behaviour to be accepting of them. It is not inconsistent to say 'I'm concerned because you don't seem to be able to get to appointments on time' while respecting, caring about and accepting the person as they are. We don't need to like everything a person does in order to care about or like them.

## Transference and counter-transference

The immediacy of the counselling relationship often raises questions regarding what psychoanalysts in particular, and counsellors in general, call *transference* and *counter-transference*. Transference occurs when a person seeking help behaves towards a counsellor as though the counsellor were a significant person from their past, usually the person's mother or father. Naturally, it is quite possible for a counsellor to inadvertently fall into playing the role in which the person sees them. That is, if the person relates to the counsellor as though the counsellor were his father, the counsellor might start feeling and behaving like a father. Such behaviour, on the part of the counsellor, is called counter-transference.

It is inevitable that transference and counter-transference will occur at times in the counselling relationship, but provided that this is recognised, brought into the open and discussed, it is not a problem. It would, however, be a problem if it were not

**It is important to recognise when transference and counter-transference are occurring**



brought out into the open, as it is not useful for the person seeking help to treat the counsellor as though they were someone from the past.

It may be that in some ways the counsellor is like the person's parent, but in other ways they are not, and it is important for the counsellor to make the distinction clear. This enables a genuine relationship between the person and the counsellor to be maintained instead of the relationship being inappropriately coloured by the person's past experiences with a significant other. When a male counsellor realises that transference may be occurring, the counsellor might say, 'I have an impression that you are relating to me rather like a son relates to his father'.

Where counter-transference is occurring, the relevant counsellor statement, for a female counsellor, might be: 'Right now I feel rather like a mother to you'. The counsellor needs to point out caringly that she is not the person's mother or any other significant person from their past, and that she is herself—unique and different. As a consequence of bringing the feelings into the open, they may be discussed and dealt with directly, so that an inappropriate relationship does not persist. In situations where the counsellor does not feel as though it is appropriate to bring the transference or counter-transference issue directly into the open, the issue needs to be addressed in supervision.

Sometimes a counsellor will not recognise when transference or counter-transference is occurring. It is here that supervision can play an important role in helping a counsellor to recognise what is happening and to explore appropriate ways of dealing with the issue.

## Projection

Through the immediacy of the counselling relationship a person may learn something about their tendency to project characteristics of significant others from the past onto people in their current life. As a result, they may be able to recognise when inappropriate projection onto others is damaging relationships.

Usually when a counsellor notices what is happening in the relationship between a person seeking help and themselves, it is sensible to bring this into the open. If as a counsellor you sense that something unusual, different or important is happening in the relationship, it will usually be useful to tell the person what you are observing so that it can be fully discussed and explored. By exploring such material the person is able to learn more about themselves, to realise what they do in relationships, and to become more in touch with their emotional experiences and thoughts. As a result, they may be able to move forward and to develop more fully.

## Resistance

New counsellors can be troubled at times by the apparent lack of cooperation with the therapeutic process, by the person seeking help. This is called 'resistance'. A good



example of resistance is provided by those who come late for appointments or who miss appointments repeatedly. Of course, there may be good reasons for a person doing such things. It is well to be aware, though, that often the explanations given may be more in the nature of rationalisations or excuses than the real reason why the behaviour is occurring. For example, a person may be finding counselling very threatening and worrying, and may, for subconscious reasons, be postponing attending. It is important for the person to realise what is happening so that the real issue is resolved, and the person's fear is addressed. Once again, what the counsellor needs to do is to verbalise what is noticed, rather than interpreting this.

Resistance may often involve the person deflecting away from talking about important issues when these are painful. Once again, the most useful strategy is for the counsellor to give feedback of what is noticed by saying something like, 'I notice that you change the subject whenever you start to talk about ...'

**Resistance enables a person to avoid experiencing painful emotions**

### AN EXAMPLE OF RESISTANCE

As part of our private practice we have trained and supervised other counsellors. We encourage trainees to make DVD recordings of some of their counselling sessions for use in supervision. David has noticed that on numerous occasions trainee counsellors would come to supervision sessions and tell him that unfortunately they hadn't been able to make a DVD of a counselling session as promised. They would then give him a very convincing reason why it had been quite impossible for them to make the DVD: 'Oh, I couldn't find a blank DVD', or 'The machine jammed when I put the DVD in', or 'I put the DVD in and unfortunately I pushed the wrong button and it didn't record', or 'Unfortunately somebody else booked the camera before I did, as I had forgotten to book it'. Of course, all of those 'excuses' were valid. They were all genuine. The trainee counsellor was at no time lying but was being genuine and honest. However, resistance was usually uncovered when David said something like, 'I notice that for three weeks you have been unable to make a DVD, and have had perfectly good reasons. However, I am puzzled by this because you are a very capable person. I am wondering what happens emotionally inside you when you think about making a DVD'. Giving feedback in this way often enabled a trainee to explore more fully what was happening, and as a result it was often recognised that it was threatening for the trainee to produce a DVD, and yes, if they had made a little more effort, it would have been possible to have produced the recording. David never needed to say, 'You must produce a DVD next week'. Rather, just drawing attention to what he had observed was sufficient to overcome the trainee's resistance.



## DEALING WITH RESISTANCE

If a person is repeatedly late, or has missed several appointments in a row, it can be useful to draw their attention to what has happened. It may be necessary to say, 'Yes, I have heard your reasons and I understand and believe them, but I am still left wondering whether at some other level something else is happening. I am puzzled that you should be late so often'.

Resistance can, of course, take many forms. Sometimes resistance blocks a person from exploring a particularly painful area in their life, and as a counsellor you may feel frustrated by such avoidance. However, in our opinion, it is important to explore the resistance rather than try to burst through it. There are differences of opinion here, however, as some counsellors believe that directly breaking through the resistance is preferable. We prefer the opposite approach, probably because, while being integrative counsellors, we do have a special interest in Gestalt Therapy theory and practice. We explore resistance by drawing the person's attention to what is happening. We might say, 'I notice that whenever you mention (a particular subject) you quickly change the subject. My guess is that it is too painful to talk about (the subject in question)'. The person is then able to experience the avoidance fully and usually something important will emerge spontaneously. If it doesn't, then we might ask the person what they are currently experiencing emotionally. As a result they would probably be brought in touch with what it felt like to avoid exploring a painful area of their life and consequently might decide how to deal with their avoidance. Alternatively, they might say, 'I'm not prepared to explore that really painful area of my life. To do so would be like opening up Pandora's box. It's far too scary for me'. We need to remember that they have a right to make that choice and to leave Pandora's box closed. If that is what they choose to do, we respect their wishes.

## Uses of the 'here and now' experience

In this chapter we have dealt with the ways in which the immediacy of the counselling relationship can be used to:

1. help a person to focus on their own behaviour, inner feelings and thoughts in the present, rather than focusing on past behaviours or on the behaviour of others over which they have no control
2. help a person to learn to own and deal with their emotional feelings as they arise; this includes owning and dealing with so-called 'negative' feelings towards others
3. give a person constructive feedback, in an acceptable way, with regard to inappropriate behaviours that result in negative feelings in the counsellor and may annoy others



4. help a person to recognise and deal with the human tendency to project the characteristics of significant persons from their past onto others
5. help a person to deal with their own resistance.

An effective counsellor will verbalise their observations of what is occurring in the immediacy of the counselling relationship so that an opportunity for personal growth by the person seeking help is promoted. Hopefully, what is learnt from the counselling experience will be carried into their everyday life.

## Comments on examples of appropriate and inappropriate feedback statements

### Example 1

**Inappropriate feedback:** The statement is threatening as it starts with the word 'you'. The words 'because you don't think it's worth coming for counselling' are an unverified interpretation of the person's behaviour.

### Example 2

**Appropriate feedback:** The counsellor starts with an 'I' statement which describes how they feel: 'I am puzzled'. A concrete statement of what has been observed is then given: 'You continually come late for appointments'. The counsellor does not attempt to interpret the person's behaviour, but merely states what has been observed.

### Example 3

**Inappropriate feedback:** The statement is inappropriate because it consists of a 'you' statement, which could make the person feel attacked. Moreover, the counsellor is interpreting the person's behaviour. The statement, 'You dislike me' is guesswork and could be wrong.

### Example 4

**Inappropriate feedback:** An inappropriate statement starting with 'you' that could be received by the person as a put-down.

### Example 5

**Appropriate feedback:** This statement starts appropriately with an 'I' statement of the counsellor's feelings: 'I am concerned'. Instead of accusing the person by using a 'you' statement, the counsellor gives information about how the relationship feels for them. Compare this statement with Example 4. It is very different.



### Example 6

**Appropriate feedback:** Notice how in this statement the counsellor's own feelings are described rather than blaming the person for putting up a barrier. Compare this statement with Example 3.

## Learning summary

- Talking about the past and the future, and about other people, is not constructive unless the person also focuses on the 'here and now' experience.
- Staying in the 'here and now', and focusing on current experiences, emotional feelings and thoughts, is therapeutically useful.
- The immediacy of the counselling relationship can be a useful learning experience for the person seeking help.
- A counsellor can model adaptive behaviour and relationship skills and give feedback to the person seeking help.
- Appropriate feedback can start with 'I feel ...', followed by a concrete non-interpretive statement.
- 'Transference' is when a person seeking help treats the counsellor as a parent (or significant other).
- 'Counter-transference' is when the counsellor responds to a person's transference as a parent (or significant other).
- Transference and counter-transference usually need to be brought into the open when they occur.
- 'Resistance' may involve a person's apparent lack of cooperation with the therapeutic process or direct avoidance of painful issues.
- A good way to deal with resistance is to raise the person's awareness of what is being observed.

## Training group exercises

### 1. Feedback statements

Working individually, write down appropriate feedback statements in place of the inappropriate statements given in examples 1, 3 and 4, on page 176. Also write down feedback statements for the situations a, b, c and d below. When all group members



have completed their answers, discuss your feedback statements with the group. In the discussion identify possible outcomes in each case for the person seeking help.

- a. The person continually deflects away from what seems to be an important issue by introducing new, unrelated material.
- b. The person continues to focus on blaming the behaviour of others instead of exploring their own options for addressing the situation.
- c. The person continually seeks the counsellor's approval and seems unable to trust their own decisions.
- d. The person repetitively talks about past issues rather than focusing on their present situation.

## REFERENCES AND FURTHER READING

- Clarkson, P. 2004, *Gestalt Counselling in Action*, 3rd edn, Sage, London.  
Houston, G. 2003, *Brief Gestalt Therapy*, Sage, London.



# Chapter 19

## Confrontation

What do you feel emotionally when you decide to confront someone? Many people feel apprehensive and worry about the outcome of confrontation.

What is it like for you when someone confronts you? Is it sometimes threatening? It may be.

Generally when we use the word 'confrontation' we think in terms of opposing parties and of people disagreeing as they confront each other. In such a situation the person being confronted is likely to feel threatened and may become defensive, while the person doing the confronting is likely to feel anxiety.

### Confrontation in counselling

Confrontation as a counselling skill is different from the generally perceived view of confrontation. The micro-skill of confrontation involves raising the awareness of the person seeking help by presenting to them information that in some way they are overlooking or failing to identify. Correct use of this skill involves bringing into the person's awareness, in an acceptable way, information that they may consider to be unpalatable and which is either being avoided or is just not being noticed.

How do you help a child to swallow medicine that doesn't taste nice? You can either force it down the child's throat or use a more gentle persuasive approach. The problem with trying to force the medicine down is that the child may well vomit it



up and your relationship with the young person will not be improved. Respecting the child's feelings is likely to have a more positive outcome than ignoring them. Similarly, people who seek counselling help deserve a high degree of respect, and they usually don't like being told painful truths. Metaphorically speaking, the art of good confrontation is to help the person to swallow 'bad medicine' voluntarily, so that they can incorporate it into their bodily system and digest it.

Confrontation is clearly a difficult skill to master and should not be attempted until the skills previously described in this book have become a natural part of your counselling style. The skills you have learnt already, together with the skills described in Chapters 17 to 28, are often sufficient in themselves, making confrontation unnecessary. Additionally, it is important to avoid using confrontation until a trusting relationship has been established, as otherwise the person seeking help is likely to feel threatened and may withdraw from the counselling process without receiving the help they need.

**Inappropriate confrontation is likely to damage the counselling relationship**

## Self-examination before confrontation

Before using confrontation look within yourself to examine your feelings, motives and goals. Ask yourself: 'Do I want to confront because I am impatient and not prepared to allow this person to move at their own pace?; Do I want to confront because I enjoy confrontation?; Am I wanting to use confrontation to put my own values onto the person?; or Am I feeling angry with them and wanting to express my anger through confrontation?' If the answer to any of these questions is 'Yes', then confrontation is inappropriate. Satisfying the counsellor's own needs is no justification for confrontation. Confrontation is most appropriately used after the use of other micro-skills has failed to sufficiently increase a person's awareness.

**Effective confrontation is respectful**

## When to confront

There are a number of situations in which confrontation is appropriate. For example, confrontation is appropriate where:

- the person is avoiding a basic issue that appears to be troubling them
- the person is failing to recognise their own self-destructive or self-defeating behaviour
- the person is failing to recognise possible serious consequences of their behaviour
- the person is making self-contradictory statements
- the person is excessively and inappropriately locked into talking about the past or the future and is unable to focus on the present



- the person is going around in circles by repeating the same story over and over
- the person's non-verbal behaviour does not match their verbal behaviour
- attention needs to be given to what is going on in the relationship between the person seeking help and the counsellor; for example, where dependency is occurring, or where a person withdraws or shows anger or some other emotion towards the counsellor.

In situations such as these, the counsellor may decide to confront the person by sharing with them what they feel, notice or observe. Good confrontation usually includes elements of some or all of the following:

- a reflection or brief summary of what the person has said, so that they feel heard and understood
- a statement of the counsellor's present feelings
- a concrete statement of what the counsellor has noticed or observed, given without interpretation.

In addition to the above, good confrontation is presented in such a way that the person can feel OK rather than attacked or put down. These points are best explained by means of examples.

## Examples to illustrate the use of confrontation

### **Example 1**

The person seeking help had been referring obliquely to her concerns about her sexuality. She mentioned the sexual problem briefly several times and then immediately deflected away from it by talking about seemingly irrelevant trivia.

**Counsellor confrontation:** *I'm puzzled because I've noticed that several times you've briefly mentioned your sexual problem and then have started talking about something quite different.*

Notice how the counsellor first expressed her feelings by saying 'I'm puzzled', and then gave a concrete statement of what she had noticed occurring. This response is minimally threatening as it merely feeds back to the person what the counsellor has observed, without judgment.

### **Example 2**

An angry separated husband who had been denied custody of his children was threatening to burn down the matrimonial home when his wife and children were out.



Even though he had been asked about possible consequences, he failed to recognise the serious consequences of his threat. The counsellor had reflected back his anger and attitude towards his wife. This had reduced his anger level but he still felt excessively vindictive and admitted to this.

**Counsellor confrontation:** *You are so furious with your wife that you want to hurt her by destroying the family home. I'm very concerned when I hear you threatening to do this because you would hurt your wife, your children and yourself. Clearly, if you were to burn down the house your children would lose their home and possessions, and you might end up in jail.*

Notice how the counsellor first reflected back the feelings and content of the person's message, followed this by a statement of his own feelings, and completed the confrontation by giving a factual statement of likely consequences. This latter statement was not a statement of the counsellor's opinion, but was an accurate statement of the likely consequences.

There is also an ethical issue here. Where people or property could be injured or damaged the counsellor has a clear responsibility to take action to prevent this from occurring (see Chapter 39). You may wish to discuss the issue of confidentiality in a situation such as this with your training group or supervisor.

### **Example 3**

The person seeking help had come to the counsellor as a result of a crisis in her current relationship with a longstanding close friend. The counsellor helped her to explore past events at length, as she chose to do that. It seemed to the counsellor that nothing further would be achieved by continuing to focus on the past. However, although the person said that she wanted to talk about her present crisis, she continually recounted past events.

**Counsellor confrontation:** *I am puzzled. My impression is that you want to resolve your present crisis and yet you continually talk about past events. Unfortunately, the past can't be changed but what you can change is what is happening in the present.*

The response started with a statement of the counsellor's feelings—'I'm puzzled'—followed by a reflection of the person's desire to talk about her present crisis, and then a concrete statement of what the counsellor had observed: 'You continually talk about past events'. In this example the counsellor adds another factual statement which might be useful for the person seeking help: 'Unfortunately the past can't be changed, but what you can change is what is happening in the present'.

Remember that it is appropriate for people to deal with past events in a constructive way where those events are significantly influencing present thoughts and feelings.



However, the suggested confrontation would be appropriate if a person was inappropriately and excessively using past history to avoid facing present problems.

#### **Example 4**

Here is an example of a counsellor response that addresses repetitive behaviour by a person who kept repeating herself by going over and over the same ground.

**Counsellor confrontation:** *I've noticed that we seem to be going round in circles, so I'll summarise what we've talked about ... (the end of this statement is a summary).*

This example demonstrates how the person was confronted with her repetitive behaviour. The counsellor first told her what she had noticed happening, and then gave a summary. By confronting in this way, a counsellor can increase the person's awareness of what is happening. With increased awareness the person may be able to move out of the rut in which she is stuck. However, sometimes, even after confrontation, the person will persist in going around the track again and repeating the same details. It is here that stronger confrontation is needed and the counsellor might say, 'I'm starting to feel frustrated, because once again we are going around the same track'.

#### **Example 5**

The person seeking help said, 'I feel really happy in my marriage', using a very depressed tone of voice and slumping down in her chair as she spoke.

**Counsellor confrontation:** *I noticed that your voice sounded very flat and you slumped down in your chair when you said that you felt really happy in your marriage.*

Here the counsellor confronted by reflecting back what they observed without putting an interpretation on their observation. The person was then free to make her own interpretation of the feedback given.

In summary, confrontation increases the person's awareness by providing them with information which they may have been unaware of. Confrontation is best done caringly, sparingly and skilfully!



## Learning summary

Confrontation involves bringing into the person's awareness information which:

- > may be unpalatable to them *or*
- > may have been ignored or missed and needs to be considered by them if the counselling is to be optimally helpful.

Effective confrontation often includes a summary, followed by a statement of the counsellor's feelings and a concrete statement given without interpretation.

Effective confrontation leaves the person seeking help feeling OK and not attacked.

## Training group exercises

### 1. Confrontation statements

Write suitable counsellor statements of confrontation for the following examples:

- a. The person seeking help tells the counsellor that he is very keen to receive counselling help but repeatedly arrives for appointments up to three-quarters of an hour late.
- b. The person seeking help has made it clear on several occasions that she is coming to counselling to address the post-traumatic effects of abuse during her childhood. However, each time she arrives for counselling she deflects away from talking about the abuse by introducing a range of other unrelated issues.
- c. The person seeking help admits to pushing and slapping his wife but minimises this behaviour and blames her for his behaviour, saying that she is provocative. He doesn't see that he needs to take responsibility for what he does.
- d. When the counsellor reflects back what she sees as angry non-verbal behaviour, the person seeking help denies being angry but continues to look and sound angry, and to make statements which suggest that she is angry.
- e. Although the person seeking help does not appear to be under any threat he is responding to others from a disempowered, victim, 'poor me', position instead of being assertive in letting others know about his needs.

### 2. Outcome of confrontation

After completion of the previous exercise, discuss your suggested confrontation statements in your training group. In this discussion consider the likely effect of particular confrontation statements on the person seeking help and on the counselling relationship.

### FURTHER READING

Ivey, A.E. & Ivey, M.B. 2008, 'Supporting while challenging: confrontation', in A.E. Ivey & M.B. Ivey, *Essentials of Intentional Interviewing: Counselling in a Multicultural World* (pp. 129–44), Brooks/Cole, Belmont.



# Chapter 20

## Challenging self-destructive beliefs

Albert Ellis introduced the idea of challenging what he called irrational beliefs and developed a model of counselling that is now called Rational Emotive Behaviour Therapy. We will briefly describe the basis of Rational Emotive Behaviour Therapy and then discuss the usefulness of challenging self-destructive beliefs when using an integrative counselling approach.

### Rational Emotive Behaviour Therapy (REBT)

Central to Rational Emotive Behaviour Therapy (REBT) is the ABCDE model described by Dryden and Neenan (2004). A diagrammatic representation of this model is shown in Figure 20.1.

This model is dependent on the notion of irrational beliefs. It is assumed that a sequence of events as described in Figure 20.1 occurs that leads a person to experience uncomfortable emotions or to engage in maladaptive behaviours. The letters ABCDE are the first letters of words that describe the sequence. The letter A represents the first stage of the sequence, which is an *activating event*. According to REBT theory the activating event triggers off an irrational *belief* represented by the B. The *consequence* (C) of this irrational belief is the person's response, involving unhelpful emotions or behaviours. D represents the stage where the counsellor *disputes* the irrational belief, helping the person to replace the irrational belief with a more constructive belief.



A	Activating event
B	Beliefs—rational or irrational
C	Consequences—emotional or behavioural
D	Disputing irrational beliefs
E	Effects of disputing irrational beliefs

**Figure 20.1** The ABCDE model

Finally, E represents the *effects* of disputing, as a result of which the person will hopefully experience more helpful emotions and behaviours.

Once an irrational belief has been disputed and replaced by a more useful belief, it is expected that similar activating events in the future will result in more positive consequences as the person moves through the A, B and C stages.

It can be seen that the REBT approach does not encourage the person to express emotions but instead encourages them to focus on their beliefs and behaviours.

## Challenging self-destructive beliefs within an integrative counselling approach

We are all entitled to have our own attitudes, beliefs and thoughts. They are ours and no-one has the right to tell us that we should change them. Our attitudes are intrinsically ours, and we have the right to choose what we will believe and think, and what we won't. Consequently, counsellors need to respect the rights of people seeking their help to do this. However, an important role for counsellors is to help people change so that they will feel better. As discussed in Chapter 15, as integrative counsellors we believe that the most effective long-term change is achieved if emotions, thoughts and behaviours are all addressed. In order for this to happen, exploration of the person's attitudes, beliefs and thoughts needs to occur. Although any changes to attitudes, beliefs and thoughts need to be made by the person seeking help as a result of their own choice, the counsellor has a legitimate responsibility to help them recognise when their attitudes, beliefs and thoughts may be self-destructive.

Counsellors may confront a person who is seeking help, as discussed in Chapter 19, if their attitudes, beliefs and thoughts are incongruent or may have socially undesirable consequences (see Chapter 39 regarding ethical issues). Although, as we have said, as counsellors we do not have the right to impose our values on those who seek our help, it is most certainly a legitimate part of our role, and a responsibility, for us to raise their awareness of their choices. As a consequence of helping a person to bring into focus the choices that are available for them, they can be enabled to make new choices, if these fit for them and are appropriate, so that positive change can occur in their feelings, thoughts and behaviours.



**Most people like to see themselves as rational beings**

Many people do not seem to be aware of the possibility that they may, if they wish, change the way they are thinking, or the beliefs they have, in order to help them lead more satisfying lives. Many hold onto beliefs that are unhelpful for them, and indeed may be self-destructive.

As explained previously, Albert Ellis, the originator of Rational Emotive Behaviour Therapy, introduced the idea of challenging irrational or self-destructive beliefs. We believe that there is often an advantage in using the word 'self-destructive' rather than 'irrational'. This is because some beliefs which are self-destructive are not necessarily irrational. We have found that sometimes when we use the word 'irrational', the person we are seeking to help will correctly argue that their belief is not irrational. It is clearly not helpful for counsellors to get into arguments with those they seek to help. Also, some people may feel offended if we suggest that their beliefs are irrational, as most individuals like to see themselves as rational beings. In comparison, if we gently suggest that what a person believes may be unhelpful for them and therefore self-destructive, they may be more willing to accept our suggestion.

We consider that there are two categories of self-destructive beliefs, or SDBs for short. These are:

1. 'should', 'must', 'ought' and 'have to' beliefs
2. beliefs involving unrealistic expectations.

**1. 'Should', 'must', 'ought' and 'have to' beliefs**

People often make statements using the words 'I should', 'I must', 'I ought' or 'I have to'. Sometimes the words are spoken with enthusiasm, firmness and meaning, and it is clear that the person feels good about doing whatever it is that they 'should do', 'must do', 'ought to do', or think they 'have to do'—and that's OK. At other times the words are spoken in an unconvincing way, as though some other person is saying to them 'you should', 'you must', 'you ought' or 'you have to', and the person is reluctantly, uncomfortably and maybe resentfully accepting that message. When this occurs, they are likely to feel confused and emotionally disturbed. If they conform with the 'should' message, they may feel like a small child reluctantly and miserably doing as they are told by others. They will not feel as though they are fully in control of their life, and will not recognise their behaviour as being of their own choosing. If, on the other hand, they disregard the 'should' message, they may feel guilty, with consequent negative results. The goal of counselling in such instances is to help the person to feel more comfortable with their decisions, so that when they make a choice they do it willingly, and without feelings of either resentment or guilt. Provided underlying issues are correctly and fully addressed, this goal is usually achievable.



## WHERE DO 'SHOULD', 'MUST', 'OUGHT' AND 'HAVE TO' BELIEFS COME FROM?

As children we grow up in a world in which we have no experience. We do not know the difference between right and wrong, and we cannot distinguish good behaviour from bad behaviour. However, we learn, initially from our parents and close family, and then from others such as teachers, friends and social or religious leaders. We learn from the people who care for us, from what they tell us verbally and by watching and copying their behaviour. Gradually we absorb a system of values, attitudes and beliefs. It is right and proper that we do so.

As we grow through childhood and adolescence there comes a time when we start to challenge and rebel against some of the beliefs we have absorbed from others. Interestingly though, many people, by the time they are young adults, hold on to most of the beliefs and values of their parents while having rejected some. As children it is clearly appropriate that we learn and absorb the beliefs of our parents and significant others. There is no other way for us to learn, because as children our experience is too limited for us to make mature judgments for ourselves. As adults, we do have experience and it is appropriate for each of us to determine for ourselves which beliefs fit and make sense for us as individuals and which beliefs do not fit. We can then keep what fits and reject what does not. We can replace what doesn't fit by something new that does.

## BELIEFS THAT DON'T FIT

Sometimes when a person uses the words 'should', 'must', 'ought' or 'have to', they are stating a belief that has its origins in their childhood, and which they are holding on to, but which does not fit for them now. If they really accepted the belief as their own they would be more likely to say 'I've decided', 'I want to' or 'I choose to', rather than 'I should', 'I must', 'I ought' or 'I have to'. Of course we are describing the general case and this is not always true. What is important is for us to encourage the people who seek our help to own their choices as being morally right and fitting for them, rather than for them to attribute their decisions to an external moral code imposed on them by others or through childhood conditioning.

The problem with 'shoulds', 'musts', 'oughts' and 'have tos' is that often the words spoken are believed at a head or thinking level, but do not sit comfortably at a gut or feeling level. Where there is a mismatch between what is happening at a head level and what is being experienced at an emotional level, the person will be confused and emotionally distressed. Human beings are holistic beings, so we cannot separate our emotional feelings, our bodily sensations, our thoughts and our spiritual experiences into discrete compartments. They all interrelate and must be in harmony with each other if we are to feel integrated and comfortable.

**A person's right to stay with the beliefs that fit for them must be respected**



**CHALLENGING 'SHOULD', 'MUST', 'OUGHT' AND 'HAVE TO' BELIEFS**

Sometimes a person will use an 'I should' statement and then express reluctance to do what they have said they 'should' do. In such a case it can be useful to raise their awareness of what is happening internally so that they become more fully aware of their options. We like to explain to the person where many 'I should' messages come from, and to ask them where they think this particular 'I should' message has come from. We then encourage them to check out whether the message sits comfortably with them. If it does, that is great. If it doesn't, they can, if they choose, challenge the 'I should' message and maybe replace it with something that fits more comfortably for them. Alternatively, they may decide that the message fits for them and accept it more willingly. A similar approach can be used when helping people to challenge 'ought', 'must' and 'have to' statements.

**2. Beliefs involving unrealistic expectations**

Many self-destructive beliefs involve unrealistic expectations of self, others or the world in general. Some of these beliefs will lead to use of the words 'should', 'must' or 'ought', but others won't. Like the self-destructive beliefs described previously, these beliefs are often absorbed from others during childhood. A good example of a belief involving unrealistic expectations is the belief that life will be fair and just. Life experience clearly demonstrates that life is often unfair and unjust. It is therefore unhelpful to assume that it will be fair and just, as this sets a person up to have unrealistic expectations. A more helpful belief might be: 'Unfortunately life is not always fair and just. If I can accept that, then I may be able to make sensible decisions to deal with those things which are unjust and unfair'.

**HAVING UNREALISTIC EXPECTATIONS OF OTHERS**

We frequently hear people say things like, 'she should ...', 'people should ...' and 'they ought to ...'. By saying such things the speaker is assuming that other people will have the same values as they do and is putting their own expectations onto other people. To do this is unrealistic and consequently unhelpful. Counsellors frequently encounter people who are distressed as a result of others failing to live up to their expectations. However, when they recognise that their expectations are unrealistic, they often experience a sense of loss and need to be allowed to grieve. For example, a person might say, 'I expected my brother to care about me, but he doesn't'. Having recognised this, the person experiences a loss of expectations and is likely to be saddened by the loss.

Table 20.1 gives some examples of common self-destructive beliefs and helpful alternatives. Notice how the self-destructive belief is certain to make the person feel bad, whereas the helpful alternative is likely to enable them to adjust and adapt to the reality of life so that they can feel better.



**TABLE 20.1** Common self-destructive beliefs and helpful alternatives

<i>Self-destructive belief</i>	<i>Helpful alternative</i>
I must never make mistakes.	The only way not to make mistakes is to do nothing. I'm active, and all active people make mistakes.
Other people should not make mistakes.	No-one's perfect. I can accept that other people will make mistakes.
Other people make me angry.	I make myself angry when I don't accept that other people don't live up to my expectations.
Other people should live up to my expectations.	Other people don't need to live up to my expectations.
My happiness depends on other people's behaviour and attitudes.	My happiness comes from within me and does not depend on others.
I must live up to other people's expectations.	I don't need to live up to other people's expectations to be OK.
I must win.	According to the law of averages most people only win 50 per cent of the time. I don't need to win to feel OK.
Life should be fair and just.	Life is not fair and just.
Other people are bad if they do not have the same beliefs, attitudes and values as me.	All good people do not think the same or necessarily have the same beliefs, attitudes and values.
I must get my own way.	I do not need to get my own way to feel OK, and I can sometimes get satisfaction out of letting other people have their own way.
I need other people's approval to feel OK.	It's nice to get other people's approval, but I do not need their approval to feel OK.
I must always please other people.	It's unrealistic to expect that I can always please other people.
I must never get angry.	It's OK to be angry sometimes.
I should always be happy.	There is a time to be happy and a time to be sad.
I must not cry.	It's OK to cry.
I can't be happy if people misjudge me.	People sometimes will misjudge me. That's inevitable. But I know that I'm OK and that's what matters.



### CHALLENGING BELIEFS THAT INVOLVE UNREALISTIC EXPECTATIONS

If a person verbalises a self-destructive belief, it can be useful to encourage them to question the belief by asking a question such as, 'Is it realistic to expect that life will be fair and just?' By doing this the person is very likely to challenge their own self-destructive belief, that life should be fair and just. If they do, you may invite them to suggest a more useful alternative. You may wish to explain the difference between self-destructive and helpful beliefs to the person. You can then encourage them to write

**Challenging beliefs needs to be done carefully and sensitively**

down a list of their self-destructive beliefs and replace them with more helpful alternatives. Remember that a person has the right to retain what you may believe are unhelpful beliefs if they wish. It is their choice, so do not attempt to persuade them to change. However, you might suggest that they consider the consequences for them of continuing to hold onto these beliefs.

As when confronting, skill and care are needed when challenging self-destructive beliefs. Ideally the challenge will come from the person rather than the counsellor. However, it can be helpful for a counsellor to explain the nature, origin and effects of self-destructive beliefs, so that the person is able to recognise and challenge them.

### In conclusion

As explained, the ideas expressed in this chapter have their origins in Rational Emotive Behaviour Therapy, although, in contrast to the approach described here, Rational Emotive Behaviour therapists are usually direct in their efforts to challenge and persuade the people who seek their help and describe self-destructive beliefs as irrational. If such an approach appeals to you then you may wish to learn more about Rational Emotive Behaviour Therapy once you have mastered basic counselling skills (see 'References and further reading').

### Learning summary

- The idea of challenging self-destructive beliefs stems from Rational Emotive Behaviour Therapy.
- Self-destructive beliefs include 'shoulds', 'musts', 'oughts' and 'have to' beliefs involving unrealistic expectations.
- Many self-destructive beliefs come from messages absorbed during childhood.
- Self-destructive beliefs need to be challenged so that they can be replaced by constructive beliefs.



## Training group exercises

### 1. Practice in replacing self-destructive beliefs with more helpful beliefs

Working individually, replace the self-destructive beliefs below with more helpful beliefs. After group members have finished doing this, discuss your suggestions in the group.

- a. *Other people should always agree with me.*
- b. *I should be able to expect that people will be reliable and trustworthy.*
- c. *Other people should always respect me.*
- d. *I should never be seen to make mistakes.*
- e. *I need to be in control all the time or I will feel threatened.*
- f. *Other people should care about my needs.*
- g. *I need other people's approval to feel OK.*
- h. *As a result of past trauma I can't enjoy life like other people.*
- i. *I should do what other people want me to do.*
- j. *People should never be impatient.*
- k. *I will feel bad if other people reject me.*
- l. *I must work hard all the time.*
- m. *Things will sort themselves out if I just wait.*
- n. *I must always help other people when they ask me to.*
- o. *I must never refuse invitations.*
- p. *Other people should appreciate what I do.*

### 2. Exploring personal self-destructive beliefs

Each group member is to think of a self-destructive belief that sometimes troubles them. This can be either a *should*, *must* or *ought to* belief, or an unrealistic expectation. Then, working in pairs, their partner is to use whatever strategy they think useful to encourage them to question the usefulness of the belief and to enable them to replace it with a more helpful belief. After this, trainees are to discuss their experiences with the training group.

### REFERENCES AND FURTHER READING

- Dryden, W. & Neenan, M. 2004, *The Rational Emotive Behavioural Approach to Therapeutic Change*, Sage, London.  
 Ellis, A. & Dryden, W. 2007, *The Practice of Rational Emotive Behavior Therapy*, 2nd edn, Springer, New York.



# Chapter 21

## Externalising

As described throughout this book, integrative counsellors like to draw on useful skills from a variety of therapeutic approaches. The skills described in this and the following chapter come from Narrative Therapy and Solution-Focused Counselling and are particularly useful in enabling a person seeking help to make use of their strengths and seek solutions rather than to negatively focus on their problems. These approaches are also useful in encouraging a person to take an optimistic view of the future. The skill of externalising described in this chapter has its origins in Narrative Therapy, which was originated by Michael White and David Epston. Readers interested in Narrative Therapy might like to read *Maps of Narrative Practice* (White, 2007).

People generally come to counselling with a negative view and often see their problems as intractable. In responding to a person's description of their problem, we can use language in a way that enables them to feel better about themselves and to take a more optimistic view about the possibility of change. This should not be taken to suggest that we are not interested in hearing about the person's difficulties or wish to minimise them. Rather, while listening, we can be positive in using responses that help them recognise those inner strengths they have already used, while also opening up the possibility that solutions to their problems will be found.

**Many people fail  
to recognise  
their strengths**



The skills involved in helping a person to make use of strengths, as described in this and the following chapter, are generally used by integrative counsellors during the stages in the counselling process where the emphasis is on helping the person to restructure their thoughts (see Figures 16.1 and 16.2). In this chapter we will describe how it can be helpful to a person seeking help for the counsellor to externalise the problem, or to use an externalising interview.

## Externalising the problem

The goal of externalising is to separate the troubling problem from the person. The easiest way to explain this is through an example. A person might come to counselling believing that they are by nature an 'anxious person'. While accepting that this is how they see themselves, it can be useful for the counsellor to describe the anxiety as though it has a separate and independent existence from the person. Hopefully, the result of this will be that the person will start to see themselves as someone who is troubled by anxiety, rather than as an intrinsically anxious person. If this happens, we say that the anxiety has been externalised, as it is now seen as separate from the person themselves, although troubling them. When a person is able to make such a change in their thinking, they generally become more empowered in dealing with their problem. This is because they can now start to think in terms of using strategies to control the problem rather than letting the problem control them, whereas previously they were seeing the problem and themselves as inextricably joined. In our example, if the person stops thinking about themselves as an *anxious person* and instead thinks about themselves as a person who is troubled by anxiety, they have a new perspective of themselves and their anxiety. With their new frame of mind they can think about how the anxiety gets the better of them and explore ways in which they can control it. When externalising, the counsellor attempts to create a different atmosphere around the problem, one where the person sees their problem as not being intrinsic to them, but as something that is acting upon them from outside. In the example given, the person might say, 'I'm a very anxious person'. The counsellor might respond to this by saying, 'I see you as a person who is troubled by anxiety. Somehow anxiety seems to get the better of you'. The counsellor might then follow up by asking, 'How does anxiety stop you from doing things you want to do?' By taking this approach, the person's frame of reference changes from 'I am an *anxious person*' to '*anxiety* causes a problem for me'. They are then in a position to be able to take responsibility for dealing with the anxiety rather than seeing the anxiety as a part of self.

Externalising makes it possible for the person to experience a part of themselves that is separate from the problem. By doing this, they are able to feel that they can control their problem, or central issue, if

**Externalising  
can help the  
person to feel  
better about  
themselves**



they wish, because it is something external to them, which can be controlled, rather than something inherent in them, which cannot be controlled. This then opens up new possibilities for action. By externalising, the power is to some extent taken away from the problem and instead the person becomes empowered to control the problem.

It can be seen that externalising demonstrates that the problem is the problem, where previously the person was seen as the problem.

A good example of the use of the skill of externalising relates to helping people who have anger control problems. In such a case the counsellor might externalise the anger by asking questions such as: 'Does your anger have control of you, or do you have control of your anger?' and, 'How does your anger manage to trick you into letting it control you?' Can you see how in asking these questions the person is able to see themselves not as an angry person but as a person who is troubled by anger, who has a responsibility to learn to control the anger rather than letting it control them? Clearly, externalising questions often lead to discussion about issues of control. The aim is to help the person gain control of unhelpful or unacceptable behaviour.

Externalising requires a particular shift in the use of language. Rather than using sentences which begin with 'You are ...', externalising statements use sentences beginning with the name of the problem. For example, instead of saying 'You are anxious' the language changes to '*anxiety* stops you from doing the things you want to do'.

Good examples of situations where it may be useful to externalise problems are when a person sees themselves as an alcoholic, a drug addict, a depressed or anxious person, or as a failure. The counsellor might ask such a person how they came to think of themselves this way and encourage them to expand on their self-perceptions. If this is done, often the person will talk about how the problem influences or interferes with their behaviour. At this point the counsellor has an opportunity to separate, or *externalise*, the problem from the person by talking about the way that 'depression', 'alcohol', 'failure' or 'anxiety' is causing trouble for them, instead of talking about *the person* being depressed, being an alcoholic, being a failure or being anxious.

Consider the case of a person who is troubled by depression. To help that person the counsellor might ask questions such as:

*'How has depression restricted your life?'*

*'How does depression manage to trick you into letting it control you?'*

*'What is the worst thing that depression has done to your life?'*

*'When you try to get control of depression, what does it do to hook you back in?'*

*'How is depression stopping you from doing what you'd like to be doing?'*

*'How is depression holding you back?'*

*'What is helping depression continue to cause a problem for you now?'*



*'What have you noticed about yourself that has made you think that you might be able to overcome depression?'*

*'What retaliatory measures could depression use to try to put you back where it wants you?'*

*'What would depression do as a last desperate measure if you continue to become stronger and more independent?'*

You may have noticed that some of these questions look at the way that the problem has had success in interfering in the person's life, whereas others focus on times when the person has had success in controlling the problem.

Another useful way to help a person to fully accept the idea that the problem and themselves are two separate entities is to use the externalising interview as described by Roth and Epston (1996).

## The externalising interview

The externalising interview developed by Roth and Epston (1996) appeals to those people who like to work experientially and are comfortable role playing. The first step in the externalising interview is to help the person to recognise that the problem is separate from themselves. For example, if the person complains of being depressed, the counsellor needs to respond by saying something like, 'I don't see you as a depressed person, instead I see you as someone who is troubled by depression; somehow depression gets control of you at times'. By saying this, the problem is separated from the person.

The next step is to invite the person to give the problem 'depression' a name and, if they can, to describe it as having physical characteristics. For example, a person troubled by depression might say, 'Depression is like a big black cloud which engulfs me'. The counsellor might respond, 'Let's call your depression the Big Black Cloud'.

The person can now be invited to role play the Big Black Cloud. While role playing they need to be told and reminded when necessary that they are not themselves any more but are the Big Black Cloud. While role playing it is best if both the person and the counsellor stand away from their chairs, so that the separateness of the Big Black Cloud from the person is made clear. The counsellor then behaves like an interviewer who questions the Big Black Cloud. Initially the questions are directed at finding out how the Big Black Cloud has had success in troubling the person and then further questions inquire about ways in which the person has been able to have success, at times, over the Big Black Cloud. After the interview the person can resume their seat so that they withdraw from role playing the problem and revert to being themselves again.



## EXPLORING WHEN AND HOW THE PROBLEM HAS HAD SUCCESS IN TROUBLING THE PERSON

In the first part of the interview the counsellor asks the problem how it has interfered with or influenced the person's life. In the example where depression is the problem, imagine that the person is called Jason. The counsellor might say 'Big Black Cloud, I am going to ask you some questions'. Possible questions might include:

*'When did you first manage to intrude on Jason's life and how did you do that?'*

*'What have been your greatest successes in spoiling Jason's life?'*

*'Was there one particular moment that was most gratifying?'*

*'What have you managed to do in order to keep annoying Jason? Can you give some examples?'*

*'Have you found ways to get back at Jason if he tries to undermine you?'*

*'How do you manage to trick Jason into letting you control him?'*

*'What kind of strategies is Jason especially susceptible to?'*

*'What are Jason's most vulnerable moments? At these times what kind of things did you say to him?'*

*'What kind of allies have you been able to recruit to aid your cause (e.g. other problems, habits, beliefs, values, cultural assumptions)?'*

*'Do you have any friends who help you to keep annoying Jason?'*

*'When Jason tries to push you away, what do you do to trick him into letting you back?'*

*'You must have had some narrow escapes. What about moments when Jason has almost managed to get the better of you?'*

*'What messages do you give Jason to help you stay in his life?'*

After asking some of these questions, next the counsellor needs to ask questions that can help the person recognise ways that they have been successful in combating the problem in the past.

## EXPLORING HOW AND WHEN THE PROBLEM HAS DIFFICULTY IN CONTINUING TO TROUBLE THE PERSON

Suitable questions, again addressed to the problem, include the following:

*'Can you think of some times when Jason has frustrated your efforts to trouble him?'*

*'How did Jason do this? What did he do differently?'*

*'Is there anything you have noticed about Jason that has made you start worrying about the future?'*

*'What are your secret fears about your relationship with Jason being undermined?'*

*'When did you first realise that the good old days might be coming to an end?'*

*'What plans do you have to reassert yourself in the face of Jason's defiance?'*

*'What retaliatory measures could be used to try to put Jason back in his place?'*



*'What would you do as a last desperate measure if Jason continues to become stronger and more independent of you?'*

*'At what point do you think you would come to accept your time is up and you will no longer be able to control Jason?'*

*'Will you continue fighting for control over Jason or will you eventually give up?'*

Questions such as these help the person to recognise that they can separate the problem from themselves and that because the problem has an entity of its own they can, if they wish, use their own inner strength to control or manage it.

After conducting the externalising interview, the person and counsellor can process the role play by discussing with each other anything that has been learnt from the experiential exercise. Hopefully the person will have discovered ways in which they can gain mastery over the problem in the future.

## Learning summary

- Externalising separates the problem from the person.
- Externalising invites the person to take control of the problem.

## Training group exercises

### 1. Externalising practice

Work in pairs, with one person acting as a person seeking help and the other as the counsellor, to practise the use of externalising. The 'person seeking help' is to choose a real problem that they may see as part of their personality (e.g. I am a procrastinator), and the 'counsellor' is to help the 'person seeking help' externalise the problem (e.g. I am troubled by procrastination). The counsellor can then ask the person seeking help a series of questions, similar to those described on page 202, where some of these questions relate to the way the problem has had success in interfering in the person's life and others focus on times when the person has had success in controlling the problem.

After completing the role play, the 'person seeking help' and the 'counsellor' are to discuss the experience together, and then have a discussion regarding externalising in the whole training group.

### 2. The externalising interview (adapted from an exercise described by Roth and Epston, 1996)

Find a partner to work in pairs, and take turns to play the roles of:

1. an externalised problem
2. a reporter.



The person playing the role of the externalised problem has to think of a single identifiable problem that has previously restricted their life (e.g. fear, nightmares, tardiness, alcoholism, depression, guilt or rage). Firstly they are to give the problem a name (e.g. 'the snake') and then describe it physically (it is slippery so difficult to catch hold of). Next they are to take on the role of the problem and speak as though they are the problem using 'I' statements (e.g. 'I am the snake'). The reporter then interviews the problem about its relationship with the person—this can be in a TV interview style that treats the problem as an ageing guest or a celebrity who has been influential in the person's life but is now past its prime and wonders what the future holds for it. There are two stages to the interview. In the first stage the reporter uses questions such as those on page 202 which explore how the problem has had success in troubling the person. In the second stage the reporter uses questions such as those on pages 202 and 203 which explore how the problem is having difficulty in continuing to trouble the person.

After completing the exercise, trainees are to discuss their experience of this exercise with their training group, drawing attention to information that might be useful when counselling.

#### REFERENCES AND FURTHER READING

- Brown, C. & Augusta-Scott, T. (eds) 2007, *Narrative Therapy: Making Meaning, Making Lives*, Sage, Thousand Oaks, CA.
- Roth, S. & Epston, D. 1996, 'Consulting the problem about the problematic relationship: an exercise for experiencing a relationship with an externalised problem', in M. Hoyt (ed.), *Constructive Therapies*, Vol. 2 (pp. 148–62), Guilford, New York.
- White, M. 2007, *Maps of Narrative Practice*, Norton, New York.



# Chapter 22

## Solution-focused counselling skills

As discussed in the previous chapter, skills from Solution-Focused Counselling (as described by Macdonald, 2007) and Narrative Therapy (White, 2007) are particularly useful in enabling a person seeking help to make use of their strengths rather than focus on the negative aspects of their problems. Also, these skills encourage the person to take an optimistic view of the future. They are generally used at the point in the counselling process where the counsellor helps the person to think differently about their problem (see Figures 16.1 and 16.2, pages 152 and 153, that look at restructuring thoughts).

Solution-Focused Counselling suggests a number of ways of helping a person to think positively and to gain an optimistic view of the future. These include:

1. looking for exceptions
2. identifying positive responses to negative experiences
3. being positive about change that has occurred
4. being optimistic about the future.

Each of these will be discussed in turn.

### 1. Looking for exceptions

A powerful technique to enable a person to get in touch with their strengths is to highlight exceptions by using exception-oriented questions. Exception-oriented questions aim



to promote change by drawing attention to times or situations where an undesirable behaviour did not, or does not, occur. For almost every person who seeks help there will have been past and present problem-free times. However, it is quite possible that many people will not have recognised these problem-free times. A task for the counsellor is therefore to help the person seeking help to identify those times or situations when their current difficulty didn't occur. Once these have been identified, the counsellor can inquire about them in detail. The counsellor can ask what, when and with whom this exception to the difficulty occurred. For example, a person might say, 'I'm concerned because I'm drinking every night', and the counsellor might respond by looking for exceptions by saying, 'Are there any nights when you haven't had a drink?' The person might be able to identify some times when they haven't been drinking. In this case the counsellor might explore further by saying something like, 'Tell me about those times'. The counsellor may then use the person's views of facts, feelings and ideas associated with these times to help the person to proactively plan how to spend another night without drinking. It needs to be recognised that the person may be unable to identify any recent times when they have not been drinking. In this situation the counsellor will suggest that

**It is easy for a person to forget the times when the problem did not or does not occur**

there might have been a time when they didn't drink every night. The counsellor will then ask questions to help them remember the skills they used in times when the problem didn't occur. This may include exploring thoughts, behaviours and emotional feelings that they experienced in those times when the problem did not occur. When helping a person deal with a drinking problem, it might also be useful to read Chapter 29 (counselling those troubled by addiction).

When looking for exceptions it can be useful to look for times when the person expected the problem to occur but something happened differently or the person acted differently. For example, a person might say 'Last year on my birthday was the only time we didn't fight' and the counsellor might respond by saying 'What did you do differently?' or 'What is your guess about why you didn't fight?' The focus is on what worked, helping the person to expand on the details of how it worked, and helping them to retrieve how it felt to have things work.

Here are some examples of statements or questions a counsellor could use to find out about exceptions when the problem did not or does not occur:

*'Tell me about the times when you don't get angry.'*

*'When do you and your father get on well without arguing?'*

*'In what situations do you have control of your impatience?'*

*'Tell me about times when you have felt happy.'*

Often it is helpful to explore exceptions after externalising the problem, as described in Chapter 21. Suitable questions might then be:



*'Can you recall some occasions when you have prevented the problem from influencing your life?'*

*'How did you restrict the problem's influence on these occasions?'*

Exception-oriented questions aim to help a person discover that there are times and situations where they behave, or have behaved, differently, and to recognise what it is that enables them to behave differently at those times or in those situations. Gaining understanding in this way enables them to get in touch with their own inner strength so that they can take more control of their behaviour or their environment. By recognising this, they may be able to make choices to bring about positive change.

Once the counsellor has discovered that there were times when the problem did not occur, the counsellor can ask questions to explore in detail what was happening at those times. For example, the counsellor might ask questions like:

*'What were you doing at the time when you were able to beat the problem?'*

*'Can you describe your relationship with your partner at the time when the problem wasn't present?'*

*'What's your main experience when this problem is not around?'*

*'What strategies do you know that you have called upon in the past and that you can also use now?'*

When looking for exceptions, the focus is on helping the person to recognise that at times they are confident and feel at ease; the aim is to identify situations where they are, or have been, competent and effective, rather than focusing on times when they feel despairing, worthless and overwhelmed by a problem. For example, a young person might say, 'The teachers at school say I'm not good at anything'. In response, the counsellor might say, 'Your mother told me that you spend a lot of time skateboarding. How did you become good at that?' They might reply by saying, 'I repeat the same tricks over and over until I get expert at doing them. Each time I do a trick I notice the things that I do wrong so that I can correct them the next time'. By asking 'How did you become good at that?', the counsellor will have enabled the young person to recognise the strategies they have used for learning particular skills. The counsellor might then be able to help them to transfer these strategies and skills for use in the problem area.

**Highlighting exceptions can empower a person to find solutions**

## 2. Identifying positive responses to negative experiences

People will often talk about their past experiences as contributing to their current problems. In doing this they often fail to recognise the personal strength that they used in coping with their past experiences. Additionally, it can often be found that



**Focusing on past success can help a person to feel more positive about themselves**

negative experiences in the past can be viewed as experiences that, while being negative, have brought about something positive. For example, a person may blame their current situation on the actions of an excessively punitive father. In such a situation the counsellor can express curiosity about how the person was able to cope and survive despite receiving harsh punishment. They might then be able to recognise that they now have some useful inner resources which enable them to cope with difficult or unpleasant situations.

When looking for positive responses to negative experiences the first step is to let the person seeking help know that they have been heard and that their problems, concerns, experiences and points of view are understood. The counsellor can then make it clear that they believe that the person is in control of their own life and consequently suggest that any successful achievement must be a result of the person's efforts. For example, a person, when talking about her daughter, might say, 'She walks all over me. She'll only do things if she knows there is a reward', and the counsellor might respond by saying, 'It seems to me that you have been able to change her behaviour by using rewards as a useful strategy'. By saying this, the counsellor clearly attributes positive change to the efforts of the person seeking help, instead of exclusively focusing on the negative part of their statement.

It can be useful for counsellors to explore in detail times when a person made a choice or a change that resulted in a positive outcome. They may share with the person what has worked for them in similar situations, or what has worked for other people with the same difficulty. For example, the counsellor might say, 'When I feel like that, I know it's best for me to go for a long walk by myself'. Alternatively, the counsellor might say, 'Other people have told me that when they experience what you are describing, they find it is helpful to do something active'.

Some particular questions can be used to help a person recognise that they have coped extremely well under adverse situations. These are aimed at encouraging them to view their behaviour in a positive light and discover unrecognised strengths. Such questions can be extremely useful for those people who are unsure about how well they are coping with life. Examples of this kind of question are:

*'Why aren't things worse?'*

*'What stopped total disaster from occurring?'*

*'How did you avoid falling apart?'*

These questions can be followed up by the counsellor positively affirming the person with regard to any action they took to cope.



### 3. Being positive about change that has occurred

When things have been bad and things start to change it is easy for a person to fail to recognise that positive change has occurred. Consequently it is important for counsellors to be vigilant in looking for the possibility that positive change has occurred as a consequence of a person's actions. There are two useful ways of helping someone to feel better as a result of past or recent achievements. One is to ask a question which presupposes positive change, and the other is to use a cheerleading question.

An example of a question that presupposes change is:

*'What has been different or better since you saw me last?'*

This question presupposes that some change has occurred since the last meeting and may help the person identify things that have improved, so that they can feel good about the progress they have made, or their recent achievements. Quite often, positive change goes unnoticed unless a deliberate question is asked in order to identify change. For example, although they may have had fewer arguments during the week, they might not have recognised this. By using a question that presupposes change, the counsellor can bring the change into focus, making small changes newsworthy so that there is a recognition that improvement has begun. Once improvement has been identified, there is an incentive to make further improvement so that significant change can occur.

**Positive changes  
are often  
minimised or  
not noticed**

The use of cheerleading questions has been described by Walter and Peller (1992). Counsellors engage in cheerleading when they show enthusiastic reactions of emotional support when a person tells them that they have used behaviours that are positive and different from behaviours that previously led to undesirable outcomes. Typical cheerleading questions are:

*'How did you do that?'*

*'How did you manage to make that decision?'*

*'Well done. That must have been really difficult to do; how did you do it?'*

Additionally, there are some statements that have a similar effect, such as:

*'That sounds good!'*

*'That's amazing!'*

Cheerleading questions are useful as they help a person to recognise and be encouraged by the knowledge that they have the ability within themselves to behave differently so that positive outcomes occur.



## 4. Being optimistic about the future

Sometimes, in order to help a person to be optimistic about the future it can be useful for a counsellor to describe the person's current situation as a stage, or to speak about the problem concerned as a stage; something that they might grow out of, or will get over. For example, a person might say, 'My mother died six months ago and I still feel depressed'. In response, the counsellor might say, 'Losing your mother was a major loss. Before you can move on, you will need to take time to grieve. That's normal for all people when someone close to them passes away, but in time, for most people, their grief diminishes and they start to feel better'. This statement is designed to help the person recognise that they are in a stage where it is appropriate to grieve, and that the stage is likely to pass.

When helping a person to establish goals for the future it is important to be both realistic and optimistic. It can be useful to suggest that, at some time in the future, the problem will end or things will be better, whenever it seems likely that this will happen. When a person talks about their problem, it can be helpful if the counsellor re-states what the person has said in terms of goals to be achieved rather than problems to be removed. For example, the person might say, 'I'm worried because my husband and I fight all the time', and the counsellor might respond by saying, 'You would like it if your husband and you could get along better together. Have you thought about how this might be achieved?' By responding in this way the focus has been removed from the negativity of fighting and instead directed towards a positive goal.

## Learning summary

- Looking for exceptions draws attention to past successes, enabling the person to learn from them.
- Focusing on successes achieved while experiencing negative experiences puts a person in touch with their inner strength.
- Drawing attention to positive change is likely to promote more change.
- Being optimistic about the future may enable a person seeking help to look for solutions.

## REFERENCES AND FURTHER READING

- Macdonald, A. 2007, *Solution-Focused Therapy: Theory, Research & Practice*, Sage, London.
- O'Hanlon, W.H. & Weiner-Davis, M. 2003, *In Search of Solutions: A New Direction in Psychotherapy*, Norton, NY.
- Walter, J. & Peller, J. 1992, *Becoming Solution Focused in Brief Therapy*, Routledge, Abingdon.
- White, M. 2007, *Maps of Narrative Practice*, Norton, New York.



# Chapter 23

## Exploring polarities

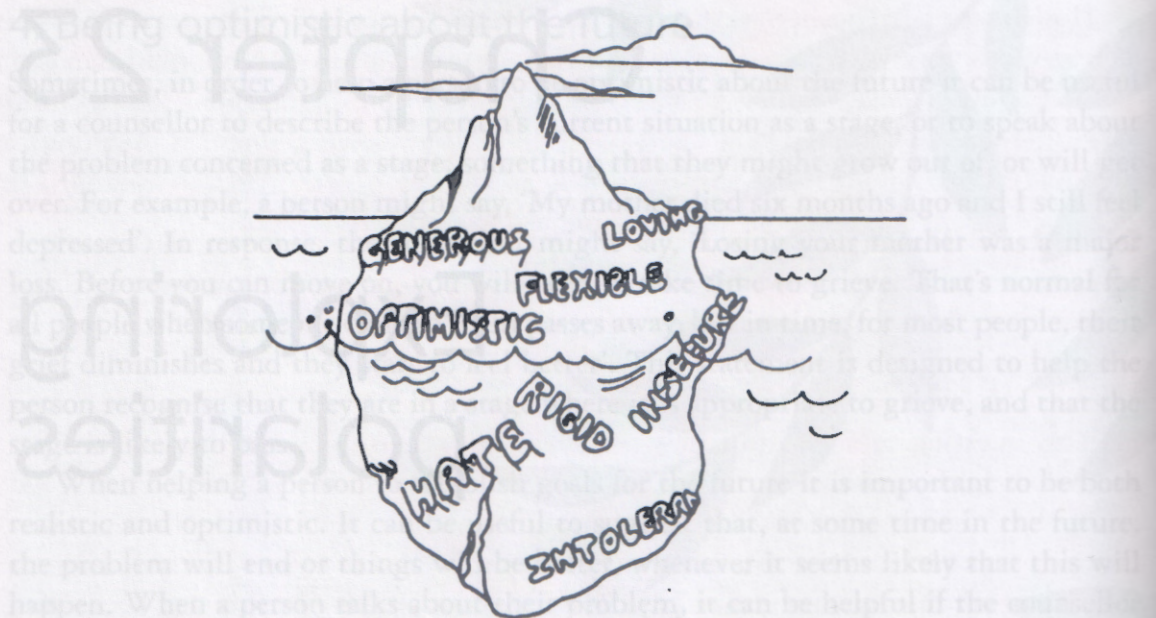
We are stating the obvious when we say that the human personality is incredibly complex, because it certainly is. Even though it is complex, it can be useful to describe the human personality in terms of easily understandable models in order to help us conceptualise aspects of human behaviour. Any model we use is certain to be an oversimplification, but even so a model can be useful in helping us to understand more fully what happens in ourselves and in the people who seek our help. In this chapter we will consider two models which are of particular value with regard to our understanding of the existence of different parts of self in the human personality, and the way in which a person's awareness of opposites within themselves can be raised through counselling. These models can also be very useful if we explain them to a person who seeks our help and use them in a way which enables the person to change and feel more comfortable. The models are:

1. the iceberg model
2. the polarities model.

### 1. The iceberg model

A good metaphor to illustrate opposites in the human personality is the iceberg, as illustrated in Figure 23.1. An iceberg floats so that most of it is below the waterline





**Figure 23.1** The iceberg model of human personality

and cannot be seen. Human beings are a bit like that. As you get to know a person, you will see parts of their personality. You will see those parts that are, metaphorically speaking, above the waterline. There are other parts of that person's personality too, but you do not see these as they are submerged below the waterline. Even the person concerned is unlikely to be fully aware of all those parts which are below the waterline. Icebergs have a tendency to roll over from time to time, and as they roll over, some parts of the iceberg that had previously been submerged come into sight. From time to time, hidden parts of a person's personality come unexpectedly into view, rather like those parts of the iceberg that show when it rolls over. Sometimes it is other people who are surprised by what they see when this happens, and sometimes it is the person concerned who gets a surprise.

The most commonly talked about opposites in human feelings are 'love' and 'hate'. How often have you heard someone talk about a love/hate relationship? You may be aware from your own experience that a love/hate relationship can exist. If we have a strong capacity for loving, then it is likely that we also have the potential to hate. We may of course deny our capacity to hate. Just imagine the iceberg with the word 'love' sitting on the top, out in the open for everyone to see, and the word 'hate' right down below the sea, and hidden from view. The danger exists that one day the iceberg will roll over and the 'hate' side will be all that will be seen for a while. Time and time again we see a relationship where a couple fall in love and then the relationship breaks up, and the love that was there is replaced not by something neutral but by hate.



Hostility and friendship are on opposites sides of the iceberg. Sometimes if we are feeling very angry with somebody, our hostility prevents us from forgiving them and being friendly towards them. Forgiveness and acceptance are on the opposite side of the iceberg to anger and hostility. If the iceberg rolls around so that anger is uppermost, then forgiveness is buried beneath the sea.

### **DENIAL OF 'NEGATIVE' EMOTIONS**

Many of us are taught from childhood to deny what our parents, teachers and other significant persons regard as negative emotions. Parents often put angry feelings into this category and tell their children not to be angry but to calm down. Similarly, some parents tell their children not to cry and teach them to disown feelings of pain and hurt. Stereotypically, such parental behaviour is often directed towards boys who may be told that 'Boys don't cry'. As a result, many children learn to think that angry feelings and feelings of pain and hurt are negative emotions and start to disown them, saying things such as 'No, I'm not angry', when they are really very angry indeed, or 'No, it doesn't hurt', when it certainly does.

A common example of distress caused by suppressing a part of self is the depression caused by repressed anger. As counsellors, we have found that many people who are depressed are unable to express their anger. Often, when we suggest to them that maybe they feel angry with a person who has done something wrong to them, we will be met with a denial: 'No, I'm not angry, I'm just sad', they will say. Gradually, however, as the counselling relationship builds, they will begin to express themselves more fully. After a while, as anger starts to emerge the depression will start to lift. At first the anger will be barely expressed and will be described in very mild terms using words such as 'frustration', but gradually it will gain in momentum. The more this happens, the more the depression recedes.

**Repressed anger  
may result in  
depression**

Similarly, repressed anger may block the ability of a person to forgive. Sometimes, a person who has high moral values will be concerned because they wish to forgive someone but find themselves unable to do so. However, once they are able to get in touch with their anger towards the person they wish to forgive, and fully experience that anger, they are often able to allow the iceberg to roll over and experience forgiveness.

It is somewhat paradoxical that if we fully accept, and own, our anger, then we are more likely to be able to deal with it constructively rather than by expressing it destructively. By owning our anger, it will often disappear or reduce in intensity spontaneously, and in its place we are likely to experience a more comfortable emotion. It is important, however, to recognise that we have a potential to be angry,

**Inappropriately  
expressed anger  
can be damaging  
to yourself and  
others**



and to own that potential rather than to pretend it isn't there. Then, once it is owned, we have choice as to how we can deal with it.

### **USEFULNESS OF THE ICEBERG MODEL IN COUNSELLING**

Sometimes it may be helpful for a person seeking help if the counsellor describes the iceberg model and explains that it is normal for human beings to have within them the capacity to experience a range of emotions and behaviours, some of which are opposite to others. In this way it may be possible to help the person to expand their self-awareness, and to get in touch with repressed emotions.

## **2. The polarities model**

The polarities model, taken from Gestalt Therapy, is in some ways similar to the iceberg model, but with an important difference. As in the iceberg, Gestalt Therapy recognises the existence of opposites in feelings, attitudes, beliefs and behaviours in each human being. This is seen as a normal human condition. In the Gestalt polarities model these opposites are viewed as separated polarities that cause inner conflict and confusion to the person unless they are fully accepted and integrated. Whereas in the iceberg model it is assumed that one polarity or the other will be submerged at any one time, the Gestalt model places emphasis on integrating the polarities so that both polarities are fully owned in the 'here and now' and can be accessed freely as a person chooses.

### **USEFULNESS OF THE POLARITIES MODEL**

The polarities model can be useful for helping a person to feel OK about accepting and owning what they initially believe are undesirable or negative qualities or emotions. As counsellors, we can tell a person that for every so-called positive or desirable emotion, attitude, belief, behaviour or quality, normal human beings may also have an opposite emotion, attitude, belief or quality. This is normal and therefore OK. Such thinking can free up the person to deal with all their emotions, personal qualities, traits and attributes.

Using a Gestalt Therapy counselling approach, the process involves integrating the polarities so that any two opposite polarities are seen as ends of a continuum rather than as discrete and separate from each other. Opposite polarities can then be accepted as co-existing parts of self. This allows the person to recognise and own any two opposite polarities and to feel free to move to a more comfortable position on the continuum between them. As a result, the person is empowered by the recognition that they can, if they wish, choose to be at either polarity or at any intermediate point on the continuum. Through this recognition they may be enabled to strengthen those parts of themselves that they would like to strengthen, and can grow as a person



accordingly. For example, someone who has previously seen themselves as timid may recognise an inner ability to be assertive. Having recognised this, they then have the choice to move along the continuum—timid to assertive—to a position that suits them at any particular time and in any particular situation.

### ACCEPTANCE OF POLARITIES WITHIN SELF

It's important for all of us to recognise and own that opposites exist within us as human beings. If we want to strengthen a particular quality, then we need to accept and deal with its opposite. To be honest with ourselves we need to be able to say: 'I'm capable of loving and hating'; 'I'm capable of being angry and I'm capable of being forgiving'; 'I'm capable of being tolerant and capable of being intolerant'; 'I'm capable of being generous and miserly'; 'I'm capable of being optimistic and being pessimistic'; 'I'm capable of being fun-loving and being a kill-joy'; 'I'm capable of being light-hearted and being serious'; or 'I'm capable of being religious and of having doubts about my religious values and beliefs'.

In order to feel integrated and comfortable within ourselves, we need to accept all the parts of ourselves, and not just those parts that are socially acceptable and consistent with being 'nice' people.

**Are you able  
to accept all  
of you?**

People often come to counselling because they are unable to accept parts of themselves. It seems as if parts of themselves have become submerged beneath the sea, never to be seen and never to be owned. The submerged parts are continually wanting to surface, and there is an inner struggle to prevent the iceberg from rolling over. Naturally such people feel considerable discomfort when they try to keep parts of themselves submerged and try to deny parts of themselves that really want to be expressed.

### HELPING A PERSON TO INTEGRATE POLARITIES

There is more than one way in which to help a person to integrate polarities within themselves. We can do this by using the iceberg model with them, and helping them to recognise and own opposites within self. Alternatively, we can make use of an active experiential method which involves role play and has its origins in Gestalt Therapy and psychodrama. This method is described in Chapter 27.



## Learning summary

- Human beings have polarities or opposites in their personalities.
- Generally we try to show the more acceptable polarities but sometimes the opposite polarities emerge.
- If we can accept the hidden parts of ourselves, then we will be better able to deal with them and to strengthen their opposites, if that is what we want.
- Experiential role play methods can be useful in enabling a person seeking help to accept and integrate polarities so that they feel better.

## Training group exercise

See page 250 of Chapter 27 for a training group exercise that explores polarities.

## FURTHER READING

- Clarkson, P. 2005, *Gestalt Counselling in Action*, 3rd edn, Sage, London.  
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# Chapter 24

## Reframing

Have you ever noticed how two people who observe the same event, such as a game of football, will give different descriptions of what happened? We all have individual perspectives, and the way that another person sees things may well be different from the way that you or I see things. Sometimes people who come for counselling have a very negative view of the world. They interpret events as they see them, but often viewed from a position of depression or of low self-esteem. The counsellor needs to listen very carefully to their description of the events or situation, and then try to look from the person's viewpoint and picture what they have described. Their picture, painted from their own perspective, will have a frame that is appropriate for them because it fits with their own particular mood and viewpoint.

**The picture I see  
may be different  
from the picture  
you see**

### The process of reframing

Sometimes a skilful counsellor can change the way a person perceives events or situations by 'reframing' the picture they have described. The counsellor, metaphorically speaking, puts a new frame around the picture so that the picture looks different. The idea behind reframing is not to deny the way the person sees the world, but to present them with an expanded view of the world. Then, if they wish, the person may choose to see things in a new way.





Figure 24.1 The person's initial picture

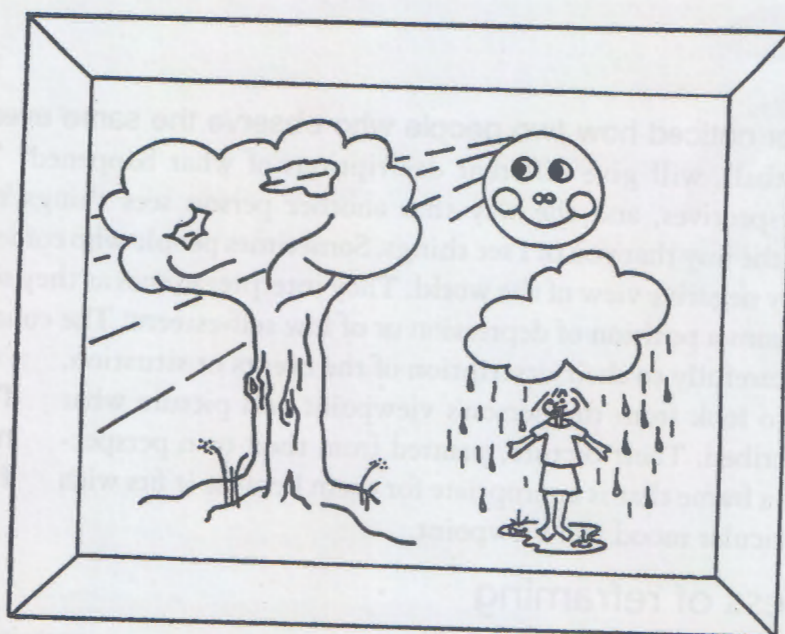


Figure 24.2 The reframed picture

It would be quite useless to say to someone, 'Things are not really as bad as you think; cheer up!', if they really see the world in a very negative way. However, it may be possible to describe what they see in such a way that they have a broader vision of what has occurred and so are able to think less negatively.



## Examples of reframing

### Example 1

The person seeking help has explained that she seems to be unable to relax, because as soon as she turns her back her young son misbehaves and she has to chase after him and punish him. The counsellor has reflected back her feelings about this and now she is calmer. At this point the counsellor decides to offer her a reframe concerning the behaviour of her son.

**Counsellor reframe:** *I get the impression that you are really important to your son and that he wants lots of attention from you.*

By making this statement, the counsellor has reframed the son's behaviour in a positive way, so that the mother may, if she accepts the reframe, feel important and needed. Maybe she will start to believe that her son is really crying out for more attention and will see his behaviour differently; rather than his behaviour being designed to annoy her, she may see it as designed to attract her attention so that he can get more of her time. By reframing the child's behaviour in this way, there is a possibility that the mother may feel more positive towards her son and that this change in relationship could bring about a change in behaviour.

### Example 2

The person seeking help has explained that he is continually getting angry with his daughter who will not study and attend to her school work, but instead prefers to play around with what he describes as 'yobbos'. He explains how he can hardly cope with his anger and is getting uptight and feeling very miserable.

**Counsellor reframe:** *It seems as though you care so much about your daughter, and you care so much about her turning out to be the sort of person that you want her to be, that you are prepared to sacrifice your own needs for a relaxed and enjoyable life, instead putting a great deal of energy into trying to correct her behaviour.*

This reframe allows the father to feel positive about himself instead of feeling negative and angry. He may now be able to see himself as caring about his daughter, and also may be able to see that he is putting his daughter's needs ahead of his own. He is reminded of his need to be relaxed and enjoy his own life. The reframe might take some of the tension out of the situation by removing the focus from the daughter and putting it onto the person himself.

### Example 3

The person seeking help has separated from her husband against her will. Her husband is now pushing her away and hurting her badly by refusing to talk to her or to see her.



She has shared her pain and suffering and the counsellor has reflected her feelings and allowed her to explore them fully. However, the counsellor now reframes the husband's behaviour.

**Counsellor reframe:** *You've described the way you see your husband pushing you away and not being prepared to talk to you, and that hurts you terribly. I'm wondering whether it is possible that what he is doing is really a result of his own inadequacy. Maybe your husband can't cope with the emotional pressure of talking to you, feels guilty when he sees you, and it's easier for him to avoid seeing you altogether rather than to face his own emotional pain. Do you think that's possible?*

By tentatively putting up this alternative, the person may see that there could be other reasons for her husband refusing to have anything to do with her, and that it may be that he is also hurting and can't face the experience of seeing her. The counsellor's goal is to try to make it easier for her to accept her husband's rejection.

#### **Example 4**

A senior executive has described to the counsellor how terrified he is of having to stand up and address a large meeting of professionals the following week, even though he wants to have the opportunity to tell them about the work he has done. The counsellor has reflected his feelings and allowed him, to some extent, to work through them. The counsellor then offers the following reframe.

**Counsellor reframe:** *It seems to me that you have mixed feelings about giving the talk. At times I almost get the impression that you are looking forward to it, and yet you say that you are very anxious about it. I am wondering if it would be possible for you to think of your anxiety as blocked excitement. Sometimes anxiety takes over when a person stops themselves from being excited. If they can let go and allow themselves to be enthusiastic and excited, then the anxiety reduces or even disappears as it is replaced by excitement.*

The counsellor here is using a useful reframe from Gestalt Therapy by reframing 'anxiety' as 'blocked excitement'. Very often, holding our emotional selves in and putting restraints on ourselves prevents us from enjoying the exciting parts of our lives as we negatively reframe exciting events as anxious moments. A good example of this is the way a bride may prepare for her wedding. One way of thinking about going through the wedding ceremony and the reception is to say, 'Wow, that's a really anxiety-producing situation'. Another way of looking at it, a reframe, is to say, 'Wow, this is going to be a really exciting day and it's going to be fun'.



**Example 5**

The person seeking help explains how he is frequently being hurt by the boss, who ignores him. The boss doesn't even look at him and she doesn't say 'Hello' when she meets him in the morning. She walks straight past him.

**Counsellor reframe:** *You've explained to me how your boss walks straight past you without noticing you, and I'm wondering if there is an alternative explanation for what's happening. Sure, it may be that she really does intend to snub you. On the other hand, is it possible that she gets terribly preoccupied and really isn't on this planet half the time?*

In this reframe, the counsellor is presenting an alternative that may be partly true. It's quite likely that the boss is sometimes preoccupied, and that may be a partial explanation. By putting this possible explanation up as an alternative, some of the sting is taken out of the boss ignoring the person, and he may then feel less uptight in his relationship with her.

**Example 6**

The person seeking help explained to the counsellor his feelings of inadequacy and failure. He knew that he was intellectually bright and that made him feel worse because he never completed any project he started. He would start enthusiastically and soon lose interest. He was deeply depressed by a long string of past 'failures'—things that he had started and then left half-finished.

**Counsellor reframe:** *You seem to be a very intelligent person who is quite capable of completing any of the projects you have started. My guess is that you are excited by new projects because they present a challenge, and that you lose interest only when you believe that the challenge is easy for you to meet. Because you are highly intelligent you very quickly get bored and look for new stimulation.*

This reframe enables the person to feel good about himself instead of perceiving himself as a failure. He is then left with the possibility that he can decide to do the boring thing and complete a project if he wishes, or can choose to continue looking for excitement and stimulation without feeling so guilty.

As you can see, reframing needs to be done carefully, sensitively and tentatively. If it is done in this way, it is more likely to be accepted by the person seeking help. Sometimes though, the person may not think that the reframe fits. However, by being offered an alternative way of viewing things they may be able to broaden their perspective, with a resulting reduction in their distressing feelings.



## Practice examples for reframing

You might like to try reframing the statements made by persons seeking help given in Examples 7 to 11 below. After suggesting a reframe yourself, you might like to compare your reframe with the one we have suggested. Our suggested reframes are provided after Example 11.

### Example 7

**Person seeking help:** *I crave a long-term relationship with someone, and all I get is short relationship after short relationship. I just don't seem to be able to hold on to my women friends. They always criticise me for being so restless and for never relaxing, and none of them want to stay with me.*

### Example 8

**Person seeking help:** *My father hates me, I'm sure. He picks on me for everything I do. All the time he follows me around and complains about my behaviour. He wants me to behave like a toffy-nosed snob instead of a normal human being. Not only that but he's always nagging me to study more!*

### Example 9

**Person seeking help:** *I've got so much that I have to do in a day and I get so angry with myself because I keep making mistakes. Sure, I get lots done, but I keep forgetting things and mixing arrangements up. I'm hopeless. When will I learn?*

### Example 10

**Person seeking help:** *I'm furious with my mother. She lets my sister, Annette, manipulate her with suicide threats and her refusal to eat properly. Mum rushes around attending to her every need. It's just not fair on Mum and I wish Mum would stop doing it.*

### Example 11

**Person seeking help:** *My son's unemployed again, and I resent having to support him financially. Why should I spend my money on a person who's mean and nasty to me? It would serve him right if I let him starve. What annoys me is that he knows that he can treat me badly and then twist me around his little finger and I will support him. I'm angry at myself for being so stupid as to be manipulated so easily.*



## Suggested reframes for practice examples

### Example 7

*'You must be attractive to the opposite sex to be able to start so many new relationships. By the sound of it, you have plenty of energy, and I wonder whether the women friends you've had would have been able to satisfy you for very long.'*

### Example 8

*'Do you think it's possible that your father doesn't hate you but just worries excessively about you? Maybe he desperately wants you to be a success and worries in case you fail in life.'*

### Example 9

*'People who do nothing never make mistakes. Making mistakes could be a sign that you are, to use your words, "getting lots done". You could feel good about that.'*

### Example 10

*'Your mother must care a great deal about Annette to choose to do what she does.'*

### Example 11

*'You must be a very caring person to choose to support your son, especially as you don't like his behaviour much.'*

## Learning summary

- Reframing provides an expanded picture, which may enable the person seeking help to perceive their situation differently and more constructively.
- Reframing needs to be done sensitively and carefully.
- A reframe should be offered in such a way that the person seeking help can feel comfortable either in choosing to accept it or in choosing to reject it.



## Training group exercises

### 1. Reframing practice

Working individually, write down reframes for the examples below.

- a. *'My teenage daughter is a great disappointment to me. I thought that when she reached this age she and I would be good friends and would spend lots of time together. All she wants now is to do her own thing. I'm just irrelevant as far as she's concerned.'*
- b. *'My husband interferes in everything I do. I just need to start doing something and he's there, taking over. I'm starting to think that I must be an incompetent idiot who isn't capable of doing anything for myself.'*
- c. *"Don't sniff, stand up straight, don't be late, be polite", that's all I hear from Mum. She says she loves me but I don't think that she even likes me any more.'*
- d. *'I don't know why the manager picks on me all the time. Whenever there is a difficult job to do or a difficult customer to deal with she always gives the work to me. She's obviously trying to make my life as difficult as possible.'*
- e. *'I'm totally exhausted and realise I've been very stupid. In just a few months, I've completely redecorated my house, and written several journal articles for publication, while working full-time in a very demanding job. I've driven 200 kilometres and back to see my dying brother most weekends, and organised a group project for the local community. I seem to be unable to stop working compulsively. I feel really depressed by my inability to relax and enjoy life.'*
- f. *'My friends tell me that I'm completely stupid because I keep going out with my girlfriend who treats me in a very offhand way. Maybe they're right!'*

### 2. Group discussion on the effect of reframes

After completing the previous exercise, discuss your suggested reframes with your training group. The discussion should include consideration of the following:

- the effect the various reframes might have on the person seeking help
- suggestions about how the counselling process might continue if the reframe was accepted, and also if the reframe was rejected, by the person seeking help.

### FURTHER READING

- Bandler, R., Grinder, J. & Andreas, C. 1989, *Reframing: Neurolinguistic Programming and the Transformation of Meaning*, Real People Press, Moab, UT.
- Ivey, A.E. & Ivey, M.B. 2008, 'Reflection of meaning and interpretation/reframing', in A.E. Ivey & M.B. Ivey, *Essentials of Intentional Interviewing: Counselling in a Multicultural World* (pp. 162–80), Brooks/Cole, Belmont.
- O'Connor, J. & Seymour, J. 2003, *Introducing NLP Neuro-Linguistic Programming*, 2nd edn, Thorsons, London.



# Chapter 25

## Making decisions

When a person comes to see a counsellor it is often because they feel hopelessly stuck in an intolerable situation where they do not know what to do to ease their pain, and believe that there is no solution to their problems. This hopeless feeling may lock them into depression, anxiety and tension. Use of the reflective and other skills described previously enables the person to explore their issues and to clarify them. This process alone may be helpful in reducing their distress, and they may spontaneously move towards exploring options and finding solutions for their problems. Sometimes, however, the person does not move forward in this way and appears to reach an impasse, without properly exploring possible options. An appropriate way for a counsellor to deal with this situation is to reflect the feeling of being 'stuck' and then to ask the person whether they can see any options.

As an integrative counsellor, while searching for and exploring options it can be very advantageous to make use of those questions that come from Narrative Therapy and Solution-Focused Counselling, as described in Chapters 21 and 22.

### Finding options

An open question such as 'You are obviously in a very uncomfortable situation. What do you see as your options?' can be useful as a starting point in helping a person to identify options. By asking this question, rather than suggesting options, the counsellor



**It is desirable  
for the person  
to discover their  
own solutions**

encourages the person to take responsibility for solving their own problems. The person is then able to think about and hopefully suggest options for consideration. Solution-focused questions may then be used to help them discover additional options. The identified options can then be explored, again through the use of solution-focused questions. Some of these options might be discarded immediately as being impossible or unacceptable. However, be careful to remember all the options a person suggests, because an option that they have ruled out initially may turn out to be the one that will eventually be chosen.

New counsellors often feel pressured into trying to find options for the people who seek their help. Our experience is that generally it is not necessary to do this, and that it is far better if a person is able to come up with their own options. Of course there are times when for some reason a person will fail to see an option that is obvious to the counsellor, and in such a case the counsellor may choose to tell them about that option. However, when a counsellor does put forward an idea of their own, it's preferable that it should be put forward in a tentative way, so that the person sees it as nothing more than a possible suggestion and does not take it as advice that needs to be followed.

## Exploring options

When helping a person to explore options, we invite them to talk in a general way about the various alternatives and then summarise these clearly. We then encourage the person to explore each idea individually and to talk about the positive and negative aspects of each option. There are some advantages in dealing with the most unlikely or least preferred options first. By doing this these may be eliminated leaving a smaller range of options, making it easier for the person to move towards a decision.



**Figure 25.1** Which way shall I go?



It is sensible to encourage the person not only to look carefully at the consequences, both negative and positive, of each option but also to take into account their own gut feelings about the various alternatives that are available. Quite often a person's logical thinking will be pulling in one direction whereas their gut feelings will be pulling in a different direction. It is, for example, quite common to hear a person say: 'That is what I really ought to do, that is what I should do, but I don't want to do that because it just doesn't feel right for me'. Obviously the person needs to feel very comfortable with the decision they make, or they are unlikely to stay with it. Logical thinking alone does not provide sufficient grounds on which to choose an option. In fact, we believe that it's often more important for the person to feel comfortable at a gut level with an option than to think that the option is the most sensible one. However, any option chosen obviously has to be the person's choice and may not be the choice the counsellor believes to be the most desirable, sensible or appropriate.

## Making a choice

Imagine that a person seeking your help is in a dilemma and is unable to make a choice between two options: option A and option B. In order for them to resolve the dilemma, we suggest that you might wish to help them to fully explore what it would feel like to have chosen option A, and to explore what the consequences of this choice would be. After this is completed, encourage them to do a similar exploration for option B. This enables a clear comparison between the two options to be established.

### THE LOSS OR COST INVOLVED IN MAKING A CHOICE

One of the problems with making a choice between two alternatives is that, whenever we make a choice, almost invariably there is a loss or cost involved. Let's give you an example. We are both working on the manuscript of this book on a Saturday and don't have to work today unless we choose to. It's a warm sunny day and we are only five minutes walk from a beautiful sandy beach. We have two options. One option is to continue writing and the other option is to stop work and to go down to the beach for a swim, so we have a dilemma. In situations like this we might ask ourselves the question 'What should we do?' However, remembering the discussion on self-destructive beliefs in Chapter 20, it would be better for us to replace the 'should' question by the question 'What do we *want* to do?' By asking this question we can make a choice that is genuinely ours, is not excessively influenced by injunctions from the past, and fits with our current experience. We enjoy writing and quite enjoy what we are doing now, but it would also be enjoyable to go for a swim and maybe lie on the beach afterwards. Now this is not a heavy choice, but whichever choice we make will involve a loss. If we decide to keep on writing then we lose out on the exercise, the fresh air and the relaxed feeling of being down at the beach; but if we go down to the beach we'll have a different loss. We'll lose the satisfaction of



**Many decisions involve the acceptance of a loss**

continuing to do something creative—our writing—and we may feel frustrated by not having made more progress with our writing when tomorrow comes. So, whether we continue to write or whether we go to the beach, we have to accept that there is a loss either way. If we choose one alternative we lose the other.

One of the main blocks to making decisions occurs when people don't properly look at the loss or cost component involved. Frequently we discover that accepting the loss or cost associated with a decision is more difficult than choosing between the positive aspects of the alternative choices.

It can be very helpful to tell a person about the loss or cost component in decision-making, and to explain this as applied to their particular dilemma. For example, we might say, 'If you choose option A, what are your losses going to be?' and 'If you choose option B, what are your losses going to be?' And then ask them whether they would be able to accept those losses. The choice is not just a choice between two positives, but also a choice that involves choosing between two losses and deciding which loss is acceptable, if either. Focusing on the loss or cost component, as well as the positive component of options, makes it easier for people to reach decisions and resolve their dilemmas.

**THE EFFECT OF POLARITIES**

Resolution of dilemmas is difficult for most people. Part of that difficulty is due to the polarities that exist within us. Let me, David, go back to the previous example where Kathryn and I looked at the dilemma of continuing to write or going to the beach. Right now it is as though there are two parts of me. One part of me wants to go for a swim, and the other part of me wants to stay here and continue writing this book. I have found that it is very helpful for a person if I describe their dilemma in terms of parts of themselves. For example, I might say, 'Part of you wants to make choice A and another part of you wants to make choice B. These are both valid parts of you. They both exist in you at the same time'. I then can ask the person to tell me about the part that wants option A and to explore that part fully, and then to tell me about the part that wants option B and to explore that fully. By doing this, I allow the person to integrate and own two opposite parts of self and not to feel confused, but rather to accept that both are valid parts of self (see Chapter 23, which dealt with parts of self). The person is then empowered to accept that choosing one of the options means letting go of the other option, and that involves a cost or the acceptance of a loss, the loss of the option that is not chosen.

**THE MYTH OF THE 'RIGHT' CHOICE**

Many people have been taught as children that there is always a correct choice, and that when confronted by a dilemma the choice of one option is correct and



the choice of another is wrong. Confusion often arises from the unrealistic expectation that choice involves a decision between black and white, or between right and wrong. In reality, most human decisions involve deciding between shades of grey, where both options have advantages or positive qualities and both have costs or disadvantages.

**The right decision is the one that fits for the person themselves**

✓ Remember, if I choose option A, I lose option B, and that loss is part of the cost of choosing option A. To resolve a dilemma, and choose one option, I have to let go of the other. The letting go is often the hard part. If you let a person who is seeking your help know that, they may find it easier to reach a decision.

### FINDING CREATIVE SOLUTIONS

At times dilemmas can be resolved by doing some creative thinking and introducing a new option so that the extent of any loss is reduced. If we use the example regarding whether we, the authors, should continue writing or go to the beach, there is a third option. We could decide to continue writing for a while and then stop and go to the beach. This new option might provide a win-win solution! In fact, having talked about our choice with each other, this is what we have both decided to do. We have decided to continue writing for another hour and then go to the beach. This is convenient because we both like working and relaxing together.

### Giving a person permission to stay stuck

Sometimes a person will stay stuck and will be unable to resolve a dilemma even though the issues are clearly understood. As new counsellors, we often worried when a person was stuck and would sometimes prolong a counselling session unnecessarily in an effort to try to 'unstick' the person and lead them to a satisfying solution. We now realise that such counsellor behaviour is not very helpful. It is much more helpful to reflect back to the person their 'stuckness', and to say, 'Look, it seems as though we've come to an impasse. There doesn't seem to be an easy solution, and today you seem to be stuck and don't know which way to go. Let's leave it there. Come back another time and we will talk together again'. By saying this, the counsellor gives the person permission to remain stuck, reduces the pressure to make a quick decision, and lets the person know that they are welcome to come back again to continue working on the issue. Sometimes they will come back the next time saying 'I've made a decision', because they were given permission to stay stuck and effectively given time to think through what was discussed in the previous session without pressure. At other times they will remain stuck. Then the counsellor's goal is to assist them to come to terms with the consequences of being stuck in what may be a painful or uncomfortable situation. The counsellor can do this by assisting them to verbalise their emotional



**It may be better  
to feel stuck than  
to feel pressured to  
make a decision**

feelings about being stuck, and then encouraging them to talk about how they will cope with being stuck.

In the next chapter we will try to develop a deeper understanding of the process required to help a person deal with blocks to decision-making. However, remember that it is OK to allow a person to remain 'stuck'. Often experiencing being stuck for a while is necessary before progress can be made.

A creative way to enable a person to explore options is to use an experiential approach as described in Chapter 27.

## Learning summary

- It is often difficult for a person to recognise their options when faced with making a decision.
- Having recognised their options a person may find it difficult to choose between them.
- It is preferable to invite the person seeking help to suggest their own options regarding a problem, before suggesting additional ones.
- New options may be tentatively suggested by the counsellor if important alternatives have been missed. (Are there any 'win-win' options?)
- All the options need to be summarised clearly before discussing each in turn.
- Dealing with the least desirable options first may be helpful, as it may exclude them.
- It can be useful to encourage a person to examine the positive and negative aspects of each option, carefully considering likely consequences.
- There is usually a loss or cost involved in making a choice between alternatives, and often accepting this loss is the hardest part of making a decision.
- Many, if not most, decisions are not choices between black and white, but rather choices between shades of grey.

## Training group exercises

### 1. Decision-making

Sit quietly in your training group and think of a difficult decision that you have made at some time. Write down a brief summary of the way you made the decision and the outcome as a result of your choice. In particular try to identify what it was you lost,



and what you gained, when you made your decision. Was there anything that you have learnt about decision-making as a result of thinking about this particular decision? When all group members have finished the task, have a group discussion on decision-making processes—what seems to work well, and what doesn't?

## 2. Counselling practice with regard to decision-making

Work in pairs with one person as counsellor and the other as a person seeking help. The person seeking help should preferably present a real problem that involves a choice between alternatives. The trainee counsellor can use the process described in this chapter to help the person seeking help explore their options and move towards making a decision.

After the exercise, discuss the experience in your training group.

## FURTHER READING

- Ivey, A.E. & Ivey, M.B. 2008, Decisional counselling, skill integration, and developing treatment plans, in A.E. Ivey & M.B. Ivey, *Essentials of Intentional Interviewing: Counselling in a Multicultural World* (pp. 209–59), Brooks/Cole, Belmont.



# Chapter 26

## Facilitating action

By using the counselling skills described in the previous chapters a person can be helped to move out of their troubled state and into a more comfortable emotional space. If that is achieved, they have clearly been helped by the counselling process in the short term, and for some people that is sufficient. However, for others, their emotional distress is a consequence of either unhelpful behaviours or entrenched life situations. For them, unless action is taken to help them make choices and to take action to change their unhelpful behaviours or life situations, emotional distress may well recur.

As we explained in the previous chapter, sometimes a person will feel stuck and unable to make a decision or move forward into taking action. It is as though they are blocked from moving forward by their thoughts and emotions. When this happens there is a temptation, particularly for new counsellors, to try to encourage, persuade or in some other way push the person into making a decision and into putting that into action.

**The harder you  
push the more  
resistance you  
will feel!**

Have you ever experienced resistance from someone when you have tried to persuade them to do something different from what they have been doing? We human beings are rather like the proverbial donkey. The more someone pushes or pulls us, the more we tend to resist! Consequently, if we are to enable a person who seeks our help



to make choices and to follow through by taking action to change, then we must resist the temptation to try to push them into making decisions and taking action, and instead use a different strategy.

As integrative counsellors we believe that we can learn from one particular aspect of Gestalt Therapy theory when we are trying to help people to overcome blocks which are preventing them from changing their behaviours or situation. The relevant theory regarding how to deal with such blocks or resistance was admirably described by Zinker (1978) and more recently by Clarkson (2004). Zinker illustrated the change that occurs in counselling through the use of an awareness circle.

## The Gestalt awareness circle

Before discussing the awareness circle we would like to remind readers that as integrative counsellors we believe that the process of change in counselling generally occurs as described in Chapter 16 and illustrated in Figure 16.1 on page 152. In this process we tend to firstly emphasise emotions, then thoughts, and then behaviours. Gestalt therapists work differently, as they address somatic experiences, emotional feelings and thoughts simultaneously, because they place a strong emphasis on the interconnectedness of these. They work by raising awareness of a person's bodily experiences, feelings and thoughts as they connect with each other. As integrative therapists we also raise awareness of feelings and thoughts, but we do this sequentially through the use of the various counselling skills described earlier in this book. Unlike Gestalt therapists, we tend to address emotions prior to using strategies that are more directly targeted at influencing thinking. Even so, the concept of awareness is an extremely useful one.

Now that we have identified the differences between the way a Gestalt therapist and an integrative counsellor works, let's have a look at the Gestalt awareness circle. This circle describes the way that raising a person's awareness can enable them to clarify their problems, explore options, and make decisions about the future.

A modified version of Zinker's *Gestalt awareness circle* is shown in Figure 26.1. As shown, people generally come for counselling when they are emotionally distressed. That is when they are at the *arousal* point on the awareness circle, with their emotions unpleasantly aroused. The counsellor's task is to enable them to move around the circle towards *satisfaction* or *rest*. This is achieved by raising their awareness of their whole situation as it is. As integrative counsellors, what we do is actively listen while the person tells their story, enable them to get in touch with their emotions and then enable them to clarify their thoughts. By doing this we raise their awareness of their internal experience and their perceptions of their situation.



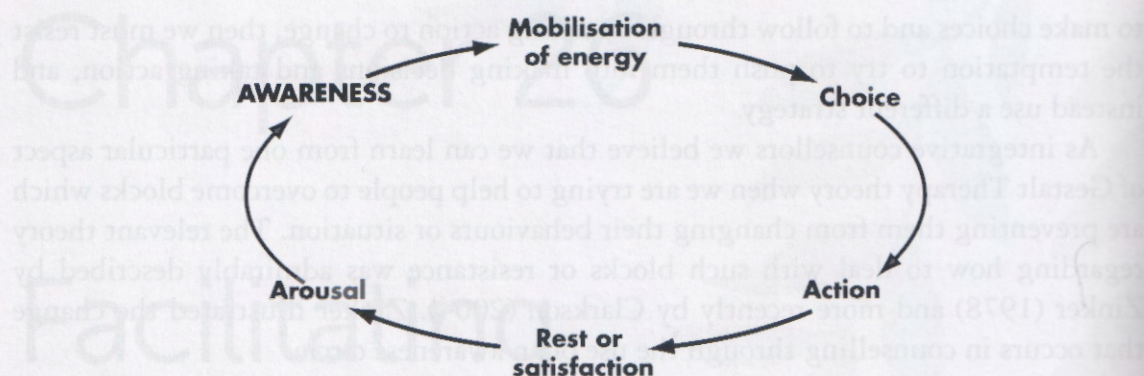


Figure 26.1 Gestalt awareness circle

We will now discuss the awareness circle in some detail, starting at the point of *arousal*.

### THE AROUSAL STAGE

In the *arousal* phase, the emotionally disturbed person is unable to focus clearly, and sees a confused picture of their world. It is as though they are looking at an overgrown forest, choked by too many trees and much undergrowth. They are unable to see any one tree clearly, but instead are overwhelmed by a blurred and confusing picture. In this state, their energy is depleted. They will be unable to see their options, and will therefore have little hope of taking any action to change their situation.

### RAISING AWARENESS TO MOBILISE ENERGY

If the person is to feel better, they need to *mobilise their energy* so that they can work constructively to resolve their issues. The counsellor can facilitate this mobilisation of energy by raising their awareness of their inner experiences. As a trainee counsellor, if you have mastered the skills described in the previous chapters, then you have the tools required to do this. By using these counselling skills you will inevitably raise the person's awareness of their emotional feelings and thoughts regarding their situation as it is, and consequently they will become more energised in seeking change.

### MOVING AROUND THE AWARENESS CIRCLE

Sometimes, once awareness is raised, a person will move with ease around the awareness circle. To use the previous analogy, the overgrown forest of trees will become a background against which the clear outline of one tree will emerge. The person's confusion will disappear and they will move naturally around the circle into making a *choice*, taking *action*, and coming into a state of *satisfaction* or *rest*.

In life, we do not stay in a state of rest, and if we did we would probably achieve nothing. What we do is move around the awareness circle again and again.



## Blocks to progress around the circle

Unfortunately, most people don't move naturally and easily around the awareness circle but instead get stuck, as discussed previously. This occurs because they are blocked in the process of moving forward by internal emotional and psychological constraints. Such blocks often occur, as shown on the circle in Figure 26.2, before *choice* or *action*. If a person is blocked in either of these places, then it is tempting for the counsellor to focus on encouraging them to make a choice or to take action. Such counsellor behaviour is usually very unhelpful, as it is likely to be pressuring, creating greater difficulties for the person. Instead of achieving the counsellor's goal of helping the person to make a choice or to take action, pushing for choice or action usually returns them to an even higher state of emotional arousal (see the arrows in Figure 26.2).

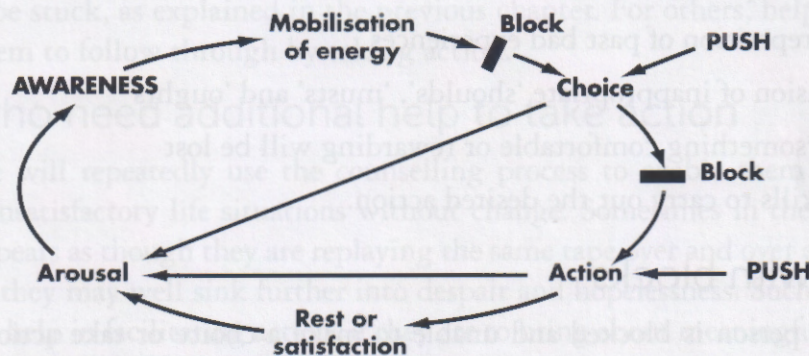


Figure 26.2 The effect of pushing for choice or action

If you want to help a person to make a choice or to take action, then a prerequisite is to enable them to fully explore, understand and deal with any block which might be impeding progress around the circle. Some common blocks, which inhibit choice and action are identified in the simple dilemma model in Figure 26.3.

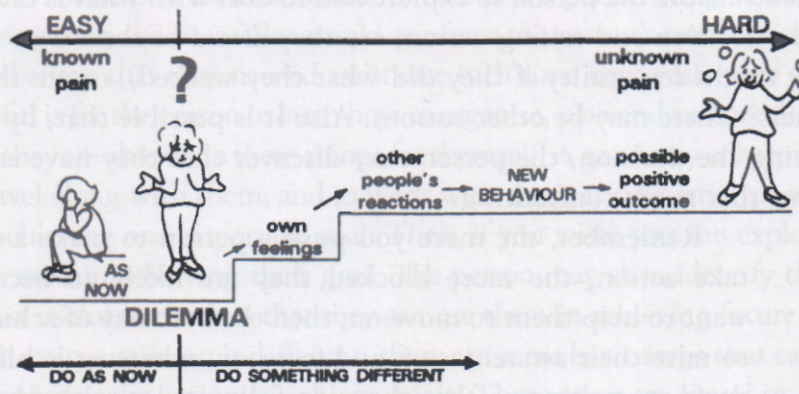


Figure 26.3 Dilemma model



A person who makes decisions and takes action to change their life has to cope firstly with their own feelings and then with other people's reactions. This is often difficult, particularly if the decisions or actions displease others. Also, if a person does something new, then they take a risk; there may be unknown consequences, and these could be painful. It may be easier to go on living as now, with no changes and with known pain, rather than to take a risk and do something new and different with its unknown pain. Considering this, it is easy to understand how a person's choices and actions may be blocked by internal fears and anxieties, including the following:

- inability to deal with own feelings
- inability to cope with the reactions of others
- fear of consequences
- fear of a repetition of past bad experiences
- the intrusion of inappropriate 'shoulds', 'musts' and 'oughts'
- fear that something comfortable or rewarding will be lost
- lack of skills to carry out the desired action.

## Dealing with blocks

Whenever a person is blocked and unable to make a choice or take action, resist the temptation to push them into doing so, and instead return to the awareness point on the circle. In particular raise their awareness of their block and encourage them to explore how it feels to be blocked and unable to move forward. Encourage them to become aware of what they are experiencing internally when they experience their inability to decide or act. Ask them how it feels to be blocked and allow them to express the relevant emotions. Then explore their thoughts that contribute to the block.

The goal is to enable the person to explore and to deal with what is blocking them from making a decision and taking action; are they afraid of their own feelings (for example, they might feel guilty if they did what they wanted), or are they afraid of offending others? There may be other reasons. Also it is possible that, by focusing on what is blocking the decision, the person may discover that they have another more important issue that needs confronting.

**Focusing on a block is more helpful than trying to push through it**

Remember, the more you push a person to make a choice or to take action, the more blocked they are likely to become. If you want to help them to move on, then the best way of achieving this is to raise their awareness of, and focus on, whatever is blocking their decision-making so that they can fully explore this block and deal with it.



Suitable questions to help a person explore the block are as follows:

*'Tell me what you are experiencing emotionally as you think about making this decision (or taking this action).'*

*'What are you aware of happening inside you when you think about making this choice (or taking this action)?'*

*'As you experience that emotion, what thoughts do you have?'*

If you, the counsellor, use the counselling skills you have learnt to raise a person's awareness of, and to work through their block, then they are likely to move spontaneously around the awareness circle, to make *choices* and to take the necessary *action* to achieve goals. However, for some people this approach alone is not sufficient. Some people will stay stuck and unable to make a decision, in which case let them know that it is OK to be stuck, as explained in the previous chapter. For others, help is required to enable them to follow through by taking action.

## Those who need additional help to take action

Some people will repeatedly use the counselling process to enable them to continue to exist in unsatisfactory life situations without change. Sometimes in the counselling process it appears as though they are replaying the same tape over and over again. When they do this they may well sink further into despair and hopelessness. Such people may need specific help in facilitating action, if they are to bring about meaningful changes to their lives. Also, there are some people who, after deciding what they want to do, find themselves unable to move forward into action, not because of psychological blocks but rather because they do not have the necessary skills or confidence to carry out the action they wish to take. These people may benefit from additional help. The rest of this chapter deals with ways of helping people who do not have the necessary confidence or personal resources to make and implement action plans on their own.

Clearly, it is not helpful for a counsellor to take over a person's responsibility for taking action. By doing that, the counsellor would reinforce the person's sense of helplessness, and lead them to believe that they needed assistance each time new goals were to be targeted. What is helpful is for the person to learn how to organise, plan and execute decisions so that in the future they are able to do these things for themselves. A good way of helping a person to learn is to travel along with them, and to work with them as they struggle with the issues involved in achieving one important goal. Then, if you wish, you can explore with them the processes used in achieving their goal. The person may then identify those processes that were most useful to them so that they can use them in achieving future goals.

Although every situation is different, there are some basic steps that can be useful in enabling people to take action to achieve goals. These steps are listed in the following action plan.



### ACTION PLAN

1. Make psychological preparation.
2. Identify the goal.
3. Identify the first step towards goal achievement.
4. Concretise the first step towards goal achievement.
5. Decide how to carry out the first step.
6. Acquire the skills to carry out the first step.
7. Decide when to carry out the first step.
8. Carry out the first step.
9. Reward self for carrying out the first step.
10. Reassess the overall goal.

We will now look in detail at these steps in the order presented above. To make the exercise more meaningful, we are going to consider the specific example of a father who has a dysfunctional relationship with his teenage son.

#### 1. PSYCHOLOGICAL PREPARATION

This has been dealt with earlier in this chapter. The counsellor raises the person's awareness, to enable them to work through blocks and come to a decision.

#### 2. IDENTIFYING THE GOAL

Imagine that the father in our example had come to the decision that he wanted to work on improving his relationship with his son. For many people, identifying such a goal would be sufficient to facilitate action, and the counsellor's work would be over. For others, further help would be needed.

#### 3. IDENTIFYING THE FIRST STEP TOWARDS GOAL ACHIEVEMENT

For some people, the goal of trying to improve a relationship with a son would be too broad and non-specific. It might not be clear how the goal could be achieved and consequently positive action would be unlikely to occur. Such a person may need to identify the first step towards achieving the goal. This first step needs to be realistically achievable, so that the person is likely to be rewarded by success rather than discouraged by failure.

**The first step  
needs to be  
realistically  
achievable**

The counsellor might ask, 'How are you going to set about improving your relationship with your son?' Maybe the father would respond, 'Well, I'd like to start by having a talk with him, but that's scary, because we haven't said anything pleasant to each other for some months'.



Clearly at this point the counsellor would move the focus away from the contemplated action and return to raising awareness of the person's fear of talking with his son. If this were not done then the person might be blocked from action.

#### **4. CONCRETISING THE FIRST STEP IN GOAL ACHIEVEMENT**

Once the first step in goal achievement has been identified, it needs to be concretised, so that it is clear and specific rather than vague. For example, the statement 'I'd like to have a talk with my son' is very general. The value of such a talk is likely to depend on what the purpose of the talk is, and on what the content of the conversation is likely to be. Questions by the counsellor such as 'What do you want to say to your son?' and 'What do you hope to achieve as a result of this talk?' might yield more specific information, such as 'I want to tell him why I am so angry with him, so that I can get that garbage out of the way and start relating to him in a positive way'.

#### **5. DECIDING HOW TO CARRY OUT THE FIRST STEP**

This decision needs to take into account the likely consequences of the proposed action. For example, the statement in the paragraph above, 'I want to tell him why I am so angry with him ...', suggests that the person intends to confront his son in a way likely to lead to further alienation rather than reconciliation. At this point the counsellor could usefully carry out some role plays to allow the person to experience what it would be like to be the recipient of the intended message.

#### **6. ACQUIRING THE SKILLS TO CARRY OUT THE FIRST STEP**

The person may need to acquire new skills to be able to competently carry out the first step. In our current example the counsellor might coach the person in the use of 'I' statements, and carry out further role plays to determine the likely impact of what the person intends to say to his son.

#### **7. DECIDING WHEN TO CARRY OUT THE FIRST STEP**

Sometimes when people have to carry out unpleasant tasks they will delay doing what they have decided to do by using the excuse that the time is not right. Do you do that? We think that most people do, and delayed action often results in no action. We find that for us it is usually easier to carry out what we plan if we have made a clear decision about the proposed timing. We think that it's the same for many people, and it's therefore useful to explore the issue of timing with them. This may result in more awareness raising—time to get back to the awareness circle again!

#### **8. CARRYING OUT THE FIRST STEP**

Whether or not a person carries out the first step is unimportant. If they do, then they can feel good about that, and if they don't then there will be some learning from



the process. The person can once again get in touch with their inner experiences to discover what stopped them from carrying out the first step, and from that awareness a new decision can be made.

### 9. REWARDING THE SELF FOR CARRYING OUT THE FIRST STEP

Do you ever minimise your achievements? We sometimes do, but we are getting better at taking pride in what we do well. We have noticed that many people fail to give themselves positive messages when they succeed in performing difficult tasks. When counselling, we suggest that you might like to encourage those who seek your help to feel good about themselves by positively connoting their achievements. A person who is properly rewarded for carrying out the first step is more likely to continue making positive decisions and carrying them out.

### 10. REASSESSING THE OVERALL GOAL

Often when a person has gone some way in one direction, they will realise that the goal originally targeted is one that is no longer desired. That is clearly OK, but the person will consequently need to reassess their overall goal.

### In conclusion

In this chapter we have discussed the skills involved in facilitating action. Generally, if you use the previously learnt counselling skills and remember what you have discovered here about the awareness circle, you are likely to be successful in helping the person to take appropriate action to bring about meaningful changes in their life. Additionally, the action plan described above can be used when it is clear that a person is unable to move forward without more specific help.

### Learning summary

- Pushing directly for choice or action is likely to fail and increase emotional distress.
- To maximise the possibility of choice or action, raise awareness of blocks.
- A major dilemma when contemplating change concerns the choice between 'to do as now' or 'to do something different'.
- Doing as now involves known pain.
- Doing something different involves unknown pain and outcomes. It's risky!
- Action plans can be helpful for some people.
- Action plans involve preparation for action, setting a specific goal, and having a reward for taking the first step.



# Chapter 27

## Experiential counselling skills

The counselling skills described in earlier chapters of this book focus on the use of verbal counselling skills. Using these skills, the person seeking help and the counsellor sit down with each other and engage in a counselling conversation. We find these skills very useful in our own practice and believe that it is preferable for them to be mastered fully before a new counsellor considers learning to use experiential counselling skills.

The experiential counselling skills which we describe in this chapter come from Gestalt Therapy, which was pioneered by Frederick (Fritz) Perls in the 1950s, and from Psychodrama, which was pioneered by Jacob Moreno in the 1920s. Experiential counselling skills are very powerful in enabling a person to explore issues, get in touch with feelings, make decisions and change so that they feel better and function more adaptively.

The experiential counselling approaches described in this chapter involve encouraging the person seeking help to take part in role plays. It is likely that new counsellors will often lack the confidence required to enable them to learn and use these methods. This is understandable, and it is sensible for them to stay with the skills that are comfortable for them until such time as they can use these confidently and wish to extend and enhance their repertoire of skills.

Our experience is that when experiential methods involving role play are used competently, outcomes for people seeking help are usually greatly enhanced. We do



need to point out that in our opinion it is generally not appropriate to use experiential methods until a sound, trusting counselling relationship has been established. Additionally, some people are too self-conscious and unsure of themselves to be able to make use of these methods, or simply do not find experiential methods helpful.

In discussing the use of experiential methods we will describe:

- the holistic foundation of the experiential therapies
- the counsellor's role in conducting an experiential exercise
- experiential exercises for particular purposes.

## The holistic nature of the experiential therapies

In both Gestalt Therapy and Psychodrama there is an assumption that human beings are holistic, which implies that their bodily (somatic) experiences, emotional feelings, and thoughts are inextricably interconnected. It is therefore a fundamental assumption that as a person engages in the drama of a role play, their experiences will inevitably involve the three modes of experiencing, that is, bodily sensations, emotional feelings, and thoughts. If the counsellor is able to help a person to get in touch with any of these experiences, the person is likely to be able to move from one mode of experiencing to the others. For example, if a person is experiencing 'butterflies in the stomach' during a role play, with appropriate questioning they may be able to get in touch with their emotional feelings and the associated thoughts.

**Bodily sensations, emotional feelings, and thoughts interact with each other**

## The counsellor's role in conducting an experiential exercise

The counsellor's role involves the following:

- inviting the person seeking help to take part in an experiment
- directing the experiment
- using appropriate counselling skills
- processing the work.

### INVITING THE PERSON SEEKING HELP TO TAKE PART IN AN EXPERIMENT

As stated previously, it is important to establish a sound relationship before inviting a person to engage in an experiential exercise. In Gestalt Therapy involvement in such an exercise is often referred to as 'doing an experiment'. When inviting a person to take part in an experiment we are always tentative. We begin by asking the person



**The person should feel free to stop participating whenever they wish**

whether they would be interested in trying a new approach to exploring their problem. We make it clear to them that they have a choice about whether they take part in the experiment, and also that they may stop the experiment at any time. In this regard we will often ask, 'If you want to stop, how will you let me know?'

Usually, we will begin by asking the person to choose a cushion from our set of cushions, as will be described later. If they are able to do this comfortably, we will invite them to continue with the exercise.

### **DIRECTING THE EXPERIMENT**

When using an experiential approach the counsellor is in some ways like the director of a theatrical drama. In directing the actors in a drama the director instructs and informs them so that they understand what is expected of them. Similarly, in a psychotherapeutic experiment, while being empathic and supportive, the counsellor gives the person seeking help instructions so that they understand what to do. For example, the counsellor might say, 'I would like you to stand over here beside this cushion and imagine that you are ...' Experiential exercises are usually conducted with both the person seeking help and the counsellor standing up so that they can move around freely.

### **USING APPROPRIATE COUNSELLING SKILLS**

While all the counselling skills described in earlier chapters are important when using experiential exercises, the counsellor will generally make substantial use of:

- observation
- feedback
- questions.

For example, while observing the person the counsellor might notice that they hesitate when asked to move to a new position, move reluctantly, or look much happier when in a particular position. Rather than the counsellor interpreting the person's non-verbal behaviour, it is usually more helpful for them to give direct feedback of what is noticed by making a statement such as 'You look happier where you are now' or 'You are clasping your hands together tightly'.

By drawing attention to the person's physical presentation the person is likely to respond by getting in touch with their emotional feelings and talking about these. They might say, 'Yes, I feel very anxious'. In response to this the counsellor might invite them to get in touch with their thoughts by asking, 'Are you able to tell me what you're thinking right now?' They might say, 'I realise that I feel anxious because ...' (and give an explanation for their anxiety). Can you see how observation and feedback to a person of their non-verbal bodily behaviour (for example clasped hands)



will raise the person's awareness of their emotional feelings, and that by asking about thoughts they are able to talk about the reason for those emotions?

**Feedback helps to raise the person's awareness of their total experience**

When using an experiential approach the counsellor constantly assists the person seeking help to make connections between somatic experiences, emotional feelings and thoughts. In this way their awareness in the 'here and now' is raised, and through raised awareness change is likely to occur.

Typical feedback statements that might be used by the counsellor when helping a person undertake an experiential exercise include:

*'You're smiling'*

*'You took a deep breath then'*

*'You seem reluctant to move position'*

*'Your arms are folded tightly'*

*'You laughed when ...'*

*'You sighed'.*

## PROCESSING THE WORK

After a person has engaged in an experiential exercise the process is usually continued by inviting them to sit down and talk about the experience. Often when doing this the person will discover new ways of thinking about the issues they have been exploring, and new ways of responding to these issues.

## Experiential exercises for particular purposes

Although there are many different ways to work experientially, in this chapter we will only describe the use of cushions for helping a person engage in particular experiential exercises.

We keep a pile of coloured cushions of various shapes, sizes, colours, designs and textures in a corner of our counselling room. These cushions can be used for a variety of experiential exercises, such as enabling a person to:

- dialogue with a protagonist
- dialogue with a number of people
- dialogue between parts of self
- make decisions.

## DIALOGUING WITH A PROTAGONIST

It is quite common for people who come to counselling to be troubled by a relationship with someone else. In this case it can often be helpful to invite the person to do an



experiential exercise. Firstly, they can be invited to look through the pile of cushions and to select a cushion to represent themselves.

Once they have selected a cushion, the counsellor might ask, 'What is this cushion like?' After they have responded the counsellor might follow up by asking, 'Can you tell me more?' If the person is able to do this the counsellor might continue by asking, 'Is there anything more you can tell me about this cushion?' By asking these three questions it is common for a person to go into some detail about the characteristics of the cushion. The counsellor might then say, 'You chose that cushion to represent yourself; are you able to tell me in what ways you are like that cushion and in what ways you are different?' By asking these questions the person's awareness of the way they see themselves is raised and this can be helpful.

The next step in the process is to ask the person seeking help to select another cushion to represent the person with whom they have an issue or relationship problem. Once this cushion has been selected they are invited to describe the cushion to enable them to connect with the characteristics of the person with whom they have an issue. They can then be invited to place the cushion representing themselves and the cushion representing the other person on the floor separate from each other.

The counsellor can next model what they would like the person seeking help to do. To do this the counsellor might say, 'Sometimes I will ask you to stand behind the cushion that represents you and face the other cushion, like this', and demonstrate by standing in the desired position. 'At other times I would like you to stand behind the cushion that represents Frank, like this' (where Frank is the other person).

The person can then be invited to stand beside their own cushion. When standing there the counsellor can stand beside them and invite them to imagine that the other person is standing where the cushion that represents them has been placed, and to say what they would like to say to the other person. The counsellor might invite the person to give an uncensored version of what they would really like to say.

Once the person has addressed the other person, the counsellor can invite them to move behind the cushion representing the other person and to imagine that they are the other person. They can then be invited to reply to the statement they made previously when talking to the imagined other person.

During the process, the counsellor can instruct the person to move backwards and forwards from role playing themselves to role playing the other person, and in each position to respond to what has been said so that a dialogue is created.

Role playing in this way can be helpful in enabling a person to have a better understanding of the relationship issues involved, and to be able to make decisions about how to behave and what to say in the future in order to manage the situation more helpfully.



After the dialoguing has continued sufficiently, the counsellor can invite the person to sit down and process the experience as explained.

Sometimes it can be useful for the counsellor to act as an alter ego while the dialoguing is continuing.

### USE OF THE ALTER EGO STRATEGY

Before using the alter ego strategy it can be helpful for the counsellor to explain how they might act as an alter ego during the experiential exercise. The counsellor might say, 'At times I might stand beside you and say what I think you would really like to say on your behalf; however, if what I say doesn't fit for you, I would like you to tell me'.

While dialoguing with a protagonist, as explained previously, it might be that the person seeking help will say in a quiet voice to the other person (called Frank), 'Frank, I don't like it when you ignore me'. The counsellor might know that they are extremely angry with Frank and in this case might stand beside the person and say in a very loud voice directed at Frank's cushion, 'Frank, you infuriate me when you ignore me!' By doing this the counsellor demonstrates to the person that it is okay in the counselling situation to give an uncensored and forceful expression of feelings. As a consequence the person may be able to vent their feelings openly and experience cathartic release.

**The alter ego strategy can help a person to get in touch with strong emotions**

### DIALOGUING WITH A NUMBER OF PEOPLE

Sometimes a person will come to counselling and be troubled by their relationships with a number of people, possibly in their family or in their work environment. In this case, the counsellor can invite them to choose cushions for themselves and also for all of the people involved and to place them in separate places on the floor. The person can then be invited to stand beside their own cushion and imagine that the other cushions represent the people concerned. The counsellor can then invite them to say what they want to any individual represented by a cushion. In a similar way to that described previously, dialoguing is then encouraged between the person seeking help and the other individuals.

After the exercise has reached a suitable stopping point the person can be invited to sit down and the experience can be processed, as described previously. When processing the exercise it can be useful to ask the person what they have discovered as a result of engaging them in the activity.

### DIALOGUING BETWEEN PARTS OF SELF

As explained in Chapter 23, human beings are often confronted by the polarities in their personalities. When exploring polarities using an experiential approach we first invite the person seeking help to identify the particular polarities that are troubling them.



For example, let us consider a case where a person is extremely submissive, and is afraid to use the powerful part of self. In this case we might ask them to choose a cushion to represent the submissive part of self, and to choose another cushion to represent the powerful part of self. Having done this, we invite them to place the cushions one or two metres apart on the floor. They are next invited to stand beside either one of the cushions. Imagine that the person chose to stand beside the cushion representing the submissive part of self. We then invite them to say what it is like being submissive. Next we invite them to move and stand beside the other cushion that represents the powerful part of self. Once again they are invited to talk about what it is like to be in this position. Additionally, they might be invited to dialogue between the two polarities, so that the submissive part of self might talk to the powerful part of self, and vice versa. As the submissive part of self, when standing beside the 'submissive' cushion, the person might say to the powerful part of self represented by the other cushion, 'People won't like you if you behave like that' and 'Nice people are like me, submissive'. When standing beside the powerful cushion, they might say to the other cushion, 'People will walk all over you like a door mat'.

**The person can be encouraged to own both parts of self and to use each part appropriately when required**

In a similar way to the way explained when dialoguing with a protagonist, the counsellor can invite the person to move from cushion to cushion so that the dialogue between the two parts of self continues. While the person is engaged in the dialogue, or is moving from one cushion to the other, it can be very useful for the counsellor to feedback to them any non-verbal behaviour that is observed.

Finally, the counsellor might invite the person to walk slowly backwards and forwards between the two cushions, stopping in various positions. By encouraging them to do this, they are likely to recognise that they can move to any position they choose at any particular time and in any particular situation. Consequently, they are empowered to use both parts of self. Additionally, they may recognise that it is possible to be in an intermediate position where they are not totally powerful or totally submissive, but are somewhere in between.

## MAKING DECISIONS

Many people have trouble in making decisions, and for such people it can sometimes be useful to suggest that they might like to participate in an experiential exercise to help them explore their options more fully. The first step in the process is to enable them to identify the alternatives that are available. Having done this, they can then be invited to choose cushions to represent each of the alternatives. It can be helpful if they are able to connect aspects of each alternative with the characteristics of the cushion chosen to represent that alternative. This allows them to anchor their ideas about



the various alternatives in the cushions. The cushions selected can then be placed in separate positions on the floor. Next, the person can be invited to stand by any one of the cushions. When they stand beside a particular cushion the counsellor can ask them to imagine that they have made a decision to choose the option represented by that cushion. The person can be invited to talk about what it is like to have chosen that option, and to describe this in terms of both positives and negatives. They can then be invited to stand beside another cushion of their choice and talk about what it is like to have chosen that option. This process can be repeated so that the person experiences what it would be like to have chosen each of the options.

While this activity is proceeding, the counsellor needs to make use of the skills described before of observation, feedback and questions, in order to raise the person's awareness of their inner experience in terms of their bodily sensations, emotional feelings and thoughts.

When the person stands beside a particular cushion and talks about the choice it represents in a negative way, it can be helpful for the counsellor to suggest they move to a different cushion. By doing this they might experience more positive emotional feelings and thoughts. Generally, by moving from cushion to cushion, and experiencing what it would be like to have chosen each of the options, the person will reach a point where, through a process of elimination, they discover the best alternative for them.

When doing this particular experiential exercise we believe that it is important to remember that it is okay for a person to remain stuck and unable to make a decision. Paradoxically, as explained earlier in the book, if a person is pressed to make a decision they will find it more difficult to make one, whereas if they are given time they may eventually come to a decision which suits them. Having said this, it is sometimes helpful to use what is called the *guru strategy* to enable a person to reach a decision between options.

### THE GURU STRATEGY

When a person is stuck and unable to make a decision it may be helpful to invite them to stand separately from any of the cushions that represent their options and to imagine that they are a guru, or very wise person.

Imagine that we are counselling a person called Alice. When Alice has taken up the position of the guru the counsellor can say, 'Guru, I would like you to give Alice some advice. Tell her what to do'. Interestingly, most people are good at giving other people advice, and frequently a person placed in the guru position will give themselves some strong advice. After this it may be helpful for the counsellor to process the experience with them with regard to any discoveries they may have made.

**Many people  
like to give  
advice to others**



## In conclusion

As we indicated earlier, experiential methods are extremely powerful and can be very helpful for a person seeking help provided that they are willing to participate in such an exercise. New counsellors who would like to explore the use of experiential approaches would be sensible to undertake practical training in either Gestalt Therapy or Psychodrama. Because the approaches are experiential, they are most effectively learnt through experience on a training course rather than through reading a description in a textbook such as this.

## Learning summary

- An experiential exercise can be very powerful in enabling a person seeking help to explore issues, get in touch with emotional feelings, make decisions and change.
- Experiential therapies are holistic and emphasise the way that bodily experiences, emotional feelings and thoughts are interconnected.
- The counsellor's role involves directing the experiential exercise.
- Important counselling skills used by the experiential counsellor are the use of observation, feedback and questions.
- It is useful to process an experiential exercise by enabling the person seeking help to talk about the experience.
- Experiential exercises can be used for dialoguing with a single protagonist or with a number of people, dialoguing between parts of self, and making decisions.
- The alter ego strategy can help a person to get more fully in touch with their emotional feelings.
- The guru strategy can be useful in enabling a person to make a decision between alternatives.

## Training group exercises

When doing the exercises below it will be advantageous to have an assortment of cushions available in a variety of sizes, shapes, conditions, colours and patterns. If cushions are not available, coloured sheets of paper, including those which have various patterns on them, can be used in place of cushions.



### 1. Dialogue with a protagonist

Working in pairs, with one person acting as the person seeking help and the other as the counsellor, use an experiential process as described in this chapter to enable the person seeking help to dialogue with someone they are having relationship difficulties with. After the conclusion of this process discuss your experience, and what you have learnt, with your whole training group.

### 2. Exploring polarities

Working individually, divide a sheet of paper into two columns. In the left-hand column write a list of your strengths and in the right-hand column a list of the opposite characteristics. Use this list to discover polarities within yourself. Next, choose from your list the polarities you would like to explore in an experiential exercise. Take turns with your partner to act as the counsellor and the person seeking help to explore polarities as described in this chapter. After completing the experiential exercise discuss your experience and anything you might have learned from the exercise with your whole training group.

### 3. Making a choice between alternatives

First, working individually, spend a few moments thinking about a decision you have to make, which preferably involves deciding between several alternatives. Then, working in pairs, taking it in turns for one person to act as the person seeking help and the other as counsellor, use an experiential process as described in this chapter to help the person seeking help make a choice between the alternatives available to them. After completing the experiential exercise, discuss your experience and anything you might have learned from the exercise with your training group.

#### FURTHER READING

- Baker, N. 2009, *The Experiential Counselling Primer*, PCCS, Ross-on-Wye.  
 Clarkson, P. 2004, *Gestalt Counselling in Action*, 3rd edn, Sage, London.  
 Houston, G. 2003, *Brief Gestalt Therapy*, Sage, London.



# Chapter 28

## Facilitating relaxation

Some people who are very tense and anxious find that counselling alone does not sufficiently reduce their symptoms to enable them to feel comfortable. Sometimes it's advisable to refer such people to a medical practitioner or psychiatrist for assessment so that appropriate medication can be prescribed if necessary. However, for many people who suffer from tension and anxiety, considerable benefit can be achieved through the use of relaxation techniques.

**Relaxation techniques suit some people but not others**

Before introducing a relaxation exercise it is important, as with all other interventions, to check out with the person whether or not this is an exercise they would like to participate in. This might involve summarising the process so that the person is aware of what to expect.

Most people find it easy to learn relaxation, enjoy relaxing and can be encouraged to use it regularly. However, there are a minority of people who find relaxation techniques quite threatening. Instead of becoming relaxed during a relaxation exercise, they experience increased tension and anxiety. For some, this can be severe. Be careful to give the people you seek to help permission to stop a relaxation exercise if they find it is stressful rather than relaxing. For such people it may be useful to explore the stressful experience, if this is not too threatening, because it may well be related to other stressful experiences in their present or past.



Preferably, a room used for relaxation should be quiet and have subdued rather than glaring lighting. It should be protected, as far as possible, from external noises such as phones ringing and also from the intrusion of others. It is not helpful to have someone open a door and walk in while a person is trying to relax.

There are many different ways of teaching relaxation. The following relaxation exercise is one that we use. If you wish to use it, read the following instructions to the person seeking help using a quiet, slow, monotonous tone of voice. Pause between each statement for a few seconds.

## Relaxation exercise

Lie on the floor with your head on a cushion, your hands beside you, and your legs straight.

Move around until you feel comfortable.

Close your eyes.

You will probably enjoy this exercise and find it pleasurable, but if at any time you are feeling uncomfortable and want to stop, you may either choose to lie quietly and ignore my voice, or you may speak up and tell me that you want to discontinue the exercise.

Notice where your body touches the floor.

Move yourself so that you are more comfortable.

Be aware of your whole body from head to toe and stretch any part of you that is uncomfortable.

Let your body press down on the floor.

Notice the floor pressing up on you.

It's a good feeling.

You are in contact with the ground and the ground is in contact with you.

Notice your breathing.

Allow yourself to breathe comfortably and naturally.

*(Long pause.)*

We are going to go through a series of exercises during which you will relax various parts of your body, starting from the tips of your toes and finishing at the top of your head.

For each set of muscles, I will suggest that you tighten those muscles while breathing in deeply, and then relax them as you breathe out.

Whenever you remember, say to yourself the word 'relax' as you breathe out.

In between relaxing each set of muscles, focus on your breathing again.



Breathe naturally and say 'relax' silently to yourself as you breathe out each time. By doing this you will gradually become more relaxed. If any intruding thoughts come into your mind, don't worry, just return to focusing on your breathing again.

Notice your breathing now.

Each time you breathe out say 'relax' silently to yourself.

*(NOTE TO COUNSELLOR: Observe the person's body, and notice their breathing. When they breathe out each time say the word 'relax' quietly. Do this a few times so that the person remembers to do it themselves.)*

Notice your body. If any parts of it are uncomfortable, stretch or move so that you are more comfortable.

Focus on your breathing.

When you are ready, I will ask you, as you breathe in, to take a slow, deep breath and as you do this to clench your toes tightly and tighten up the muscles in your feet.

*(Choose the time.)*

Breathe in deeply and tighten up the muscles in your feet.

Hold your breath and keep the muscles in your feet tight for a second or two.

Breathe out heavily and release the tension in your feet.

Continue breathing naturally and say 'relax' to yourself each time you breathe out.

*(Wait for a while as the person continues to breathe naturally.)*

Now tense your thigh and calf muscles as you breathe in deeply.

Hold your breath and keep your muscles tense.

Relax as you breathe out.

Breathe naturally and feel relaxed.

*(Pause for a while.)*

Tense the muscles in your buttocks as you breathe in deeply.

Hold your breath and keep your muscles tensed.

Now breathe out and relax.

Breathe naturally and notice a feeling of relaxation flowing up your body from your feet to your buttocks.

*(Pause for a while.)*

Tense the muscles in your stomach as you breathe in deeply.

Hold your breath.



Relax.

Notice your breathing.

*(Pause for a while.)*

Clench your fists as you breathe in.

Hold.

Relax.

*(Pause a while.)*

Now tense the muscles in your arms and stretch your fingers out as you breathe in.

Hold.

Relax.

Notice a relaxed feeling flow up from your feet through your calves, thighs, stomach, hands, arms and chest.

Let your body sink into the floor and feel supported by the floor.

Breathe naturally.

*(Pause.)*

Tighten your shoulder and neck muscles as you breathe in.

Hold.

Relax.

*(Pause.)*

Clench your teeth, screw up your face, close your eyes tightly, and feel your scalp tighten as you breathe in.

Hold.

Relax.

*(Pause.)*

Breathe naturally and notice the relaxed feeling moving up and encompassing your whole body.

Be aware of your breathing. Each time you breathe out feel yourself becoming more relaxed.

*(Long pause.)*

Soon it will be time to start getting in touch with your surroundings again. When you do this, allow yourself to feel good, to be wide awake and alert.

*(Pause.)*

Notice the floor. Move your fingers and feel it.



Wriggle slightly, and when you are ready open your eyes.

Lie where you are and look around. Allow yourself to take in what you see, to feel good, and to be awake and alert.

When you are ready, roll over sideways and support yourself with one arm in a half-sitting position.

Sit up when the time is right for you.

The above relaxation exercise can be taught in a counselling session, and the person can then be encouraged to practise it regularly in their own time. However, warn them about the dangers of being too relaxed. It is not advisable, for example, to drive a car in a very relaxed state. A certain amount of tension is useful so that the person's reactions to danger are fast. Therefore, do not go through the relaxation exercise immediately before the person seeking your help is due to drive away!

Once a person has learnt to relax by muscle tensing and relaxing they will find it easier to relax when standing up and in a tense situation. Teach them to take a few deep breaths and each time they breathe in to tighten up their muscles and then relax as they breathe out. With practice they will probably find that they are able to let themselves relax as they breathe out naturally.

If teaching relaxation methods appeals to you, we suggest that you might like to learn more from the books listed as further reading below.

## Learning summary

- Use a quiet, slow, monotonous tone of voice when teaching relaxation.
- Relaxation exercises can be threatening for some people.
- Make sure that the person seeking help understands that the exercise can be discontinued whenever they like.
- Observe the person's body so that your instructions are correctly timed.
- Warn of the danger of being too relaxed when attention is required.

## FURTHER READING

- Davis, M., Eshelman, E.R. & McKay, M. 2008, *Relaxation and Stress Reduction Workbook*, 6th edn, Newharbinger, Oakland, CA.
- Payne, R.A. & Donaghy, M. 2010, *Payne's Handbook of Relaxation Techniques: A Practical Guide for the Health Care Professional*, Elsevier, Edinburgh.



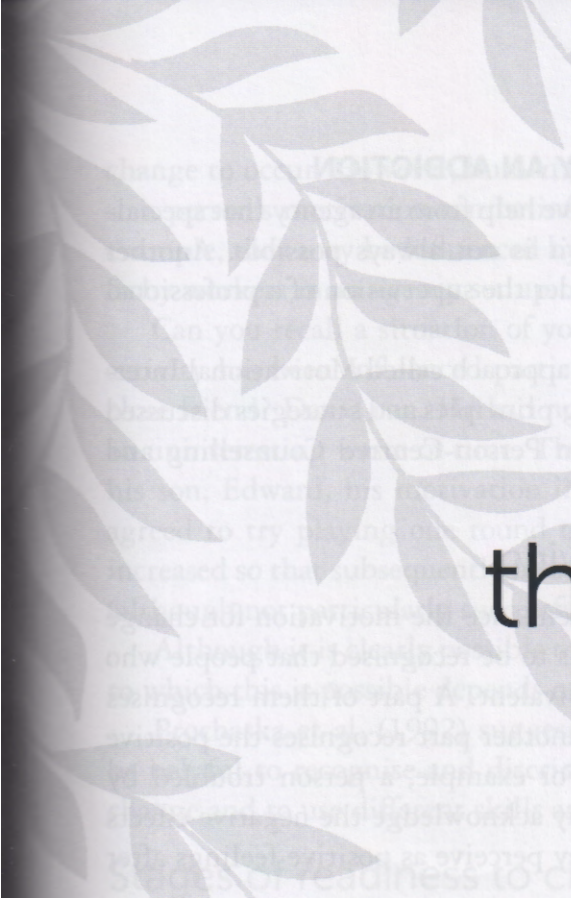
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# Part V

## Dealing with particular problems

This section of the book discusses counselling those troubled by addiction, anger, depression, grief and suicidal thoughts. It is inevitable that before long a new counsellor will find that some people who come for help will be troubled by one or more of these issues. As a counsellor, it is important to know your own limitations and whenever appropriate, after consultation with your supervisor, to refer those seeking help to professionals who are experienced and skilled in addressing such issues. However, the problems dealt with in this part of the book are so common that it is sensible for new counsellors to have an understanding of useful ways in which to work when addressing such issues.





# Chapter 29

## Counselling those troubled by addiction

What comes into your mind when you think about addiction? We suspect that when most people are asked this question they will think firstly about addiction to alcohol, smoking and illicit drugs; however, when we spent a few moments thinking about addiction we realised that the word can also be applied to a wide variety of behaviours. We regularly read in the newspapers of addiction to problem gambling, video games, computers, prescribed drugs, and even behaviours that are often considered normal, such as excessive exercising.

### What is addiction?

A person who is addicted to a particular behaviour will find that it is particularly difficult to stop engaging in that behaviour. Somehow the addictive behaviour locks them in to continue using that behaviour. Any attempt to withdraw from the behaviour may lead to physical, emotional or psychological consequences. This is unfortunate, because it is clear that whenever a person becomes addicted to a particular behaviour there are almost certain to be harmful consequences with regard to their physical, emotional or psychological health. Further, there may be negative implications for relationships with others and for the person's ability to lead a satisfying and fulfilling life.



## HELPING A PERSON WHO IS TROUBLED BY AN ADDICTION

Ideally, a person troubled by addiction should receive help from an agency that specialises in treating the relevant addiction; however, it is not always possible. Another option is for an experienced counsellor to work under the supervision of a professional who has the relevant expertise.

One way of addressing addiction is by using an approach called Motivational Interviewing (Rollnick et al., 2008). This involves using principles and strategies discussed in earlier chapters of this book, which come from Person-Centred Counselling and Cognitive-Behavioural Therapy.

### The goals of Motivational Interviewing

A central goal of Motivational Interviewing is to enhance the motivation for change of the person seeking help. To achieve this it needs to be recognised that people who want to overcome an addiction are generally ambivalent. A part of them recognises the problems addiction presents for them, while another part recognises the positive effects of engaging in the addictive behaviour. For example, a person troubled by addiction to a drug such as methamphetamine may acknowledge the negative effects of continual use, while also experiencing what they perceive as positive feelings after using the drug.

### RECOGNISING AMBIVALENCE

In Chapter 26 on facilitating action, when we considered working with those seeking help to change their behaviour, we were also mindful of their readiness to change. You might remember that we used the Gestalt awareness circle to illustrate that pushing for either choice or behaviour change results in increased emotional arousal, which is clearly unhelpful for the person (see Figure 26.1 on page 234).

Ambivalence results from the presence within the person of two opposing ideas, attitudes or emotions. As a consequence, the person's readiness to change is compromised by their confusion from trying to deal with opposing internal forces—one part of them wants to change, while another part is resistant to change.

**Unresolved  
ambivalence  
reduces the  
motivation to  
change**

When counselling a person troubled by addiction it is helpful to recognise ambivalence as normal and understandable. Helping a person to resolve their ambivalence is one of the keys to helping them to change.

### RECOGNISING MOTIVATION

In order to be able to change an addictive behaviour, a person has to have a sufficient level of motivation to change. Unfortunately, the level of a person's motivation is likely to fluctuate from one time or situation to another, making it more difficult for



change to occur. However, human beings are subject to the influence of other people, so a person's motivation can be influenced, at least in the short term, by others. For example, they may be influenced by other people with the same addiction, by friends, or by workers in an agency set up to address addiction.

Can you recall a situation of your own where your motivation to engage in some activity has been influenced particularly through conversation with a companion or close friend? David can. He had no interest in playing golf and considered the game an uninteresting waste of time. Though after much persuasion from his son, Edward, his motivation increased to the level at which he agreed to try playing one round of golf. After this his motivation increased so that subsequently he became quite an enthusiastic golfer (although not particularly successful!).

**A person's  
motivation can  
be influenced  
by others**

Although it is clearly possible to influence a person's level of motivation, the extent to which this is possible depends on the person's *readiness* to change.

Prochaska et al. (1992) suggest that when trying to influence motivation it can be helpful to recognise and discriminate between six different stages of readiness to change and to use different skills and strategies at each stage.

## Stages of readiness to change

The six stages are:

1. Precontemplation
2. Contemplation
3. Determination
4. Action
5. Maintenance
6. Relapse

### PRECONTEMPLATION

At this stage the person seeking help is not ready to change their behaviour. This is where a person might say, 'I don't have anything to change; I don't have a problem', even though other people around them say that they do have a problem because they have been found in difficult and uncomfortable situations as a result of their behaviour.

### CONTEMPLATION

In the contemplation stage the person may say something like, 'Yes, I do have a problem. I have tried to stop before. I need to change and I will do something about it some day'.



## **DETERMINATION**

This stage is where the person makes up their mind and decides to do something. They might say, 'Yes, I do have a problem and I will do something to change now, or next week'. They set a specific time in the very near future.

## **ACTION**

It is in this stage that it can be advantageous for a counsellor to begin to work more actively than before. People in this stage say things like, 'I am doing something to change my behaviour'. In the action stage it is advantageous for the person to get together a package of strategies that they can use to help them change their behaviour.

## **MAINTENANCE**

This stage is probably the hardest. It's the stage where the person has found all the things they need to do to change their behaviour and have started to put these into practice. What is needed now is practice and more practice. It's a time for making the new behaviours into a habit. At this stage a person might say things like, 'After the party/events/outing I realised that I had not thought to indulge in my addictive behaviour'. Once this begins to occur, they are on the way to successful change.

## **RELAPSE**

Relapse is the alternative to maintenance and is also a feature of the change process. This stage is very important because it is a common part of the process. If a lapse occurs it can turn into a relapse because people are hard on themselves. However, rather than seeing a lapse as 'failure' it can be reframed as a normal part of the change process. Information discovered as a consequence of the lapse can be used to make decisions about what needs to be done in the future to minimise the possibility of other lapses occurring.

In order to change addictive behaviour, the person may need to repeat all, or some, of the above stages a number of times.

## **The process of Motivational Interviewing**

**When using  
Motivational  
Interviewing the  
counsellor uses  
an approach that  
promotes the  
motivation to  
change**

There is an important difference between Motivational Interviewing and the counselling strategies previously described in the book. The skills and strategies described in previous chapters are underpinned by an assumption that a person will, through exploring their issues, discover for themselves ways to change and be motivated to make use of these.

In contrast, Motivational Interviewing places responsibility on the counsellor to purposefully promote the motivation to change (Levingston & Melrose, 2009). In order to do this, the counsellor



needs to discover what stage the person has reached in the change process; are they right at the beginning of the process, are they in the precontemplation stage, or are they further along the change process? To make an assessment of the person's position, the counsellor might explore the following:

- the person's primary concern
- the person's current circumstances
- the person's previous experiences with regard to changing the troubling behaviour
- the exact nature of the person's addictive behaviour and the function or purpose that it serves for them
- the person's possible mental health problems
- the person's support networks, family relationships, and other social issues
- the person's expectations with regard to their behaviour.

It is usually the *precontemplation stage* that brings the person to counselling and this is the stage where the counsellor discovers what stage the person has reached in the change process

During the *contemplation stage* it can be advantageous to help the person seriously consider two basic issues. The first is how much of a problem their addictive behaviour poses for them. The second is how the problem is affecting them both positively and negatively. One way to do this is to draw a table similar to that shown in Table 29.1 and then to work together with the person who is troubled by the addiction to fill in the positive and negative spaces in the table. Table 29.1 has been designed for use by a person with an alcohol addiction.

**Table 29.1** Exploration of ambivalence chart

Continue drinking - - - - -		- - - - - Stop drinking	
Positives when continuing to drink	Negatives when continuing to drink	Positives when not drinking	Negatives when not drinking



You might like to experiment by filling in Table 29.1 with responses that you think you would be likely to receive from a person seeking help with an addiction to alcohol. After the table has been completed, we expect that you will have noticed that the problem of addiction is complex; it involves a two-sided conflict with negatives and positives connected with both continuing the addictive behaviour and giving up the addictive behaviour.

Very often, too much focus on either the negatives of the addictive behaviour or the positives associated with change can lead the person who is seeking help to become defensive. This results in reinforcing the argument in favour of the addictive behaviour. As a consequence, when dealing with addictive behaviour, it is usually more helpful to emphasise how much of a problem the addictive behaviour poses for the person with regard to changing.

Consider Table 29.1. It is likely that the positives on the side of continuing the addictive behaviour will be the most likely triggers for relapse, and these positives might explain why attempts to change in the past have been unsuccessful. For example, someone who is troubled by an addiction to alcohol and also suffers from anxiety may find that drinking helps them to relax and have a good night's sleep. When they stop drinking they may have trouble sleeping and consequently experience a strong desire to return to their previous levels of drinking. Therefore, consideration of the pluses on the side of use and the minuses on the side of change need to be taken into account when addressing relapse prevention.

In the *determination stage*, a person seeking help will be determined to take action. That determination is influenced by past experiences. However, those who have made unsuccessful attempts to change their addictive behaviour in the past need encouragement to decide to go through the change cycle again.

In the *action* and the *maintenance stages* it is important to recognise expectations. For example, it is unlikely that abstinence from the addictive behaviour will be achieved quickly.

As mentioned earlier, when addressing issues in the *relapse stage* consideration of the pluses on the side of use and the minuses on the side of change need to be taken into account.

## Counsellor behaviour

From the previous discussion it is clear that it is certain to be difficult for a person troubled by an addiction to change. Consequently they will benefit from the encouragement and support that a counsellor can provide. Brad Levingston and Jenny Melrose (2009) suggest that the following counsellor behaviours can be especially useful when counselling those troubled by addiction:



- *Express empathy:* Throughout the stages of the process of change it is important for the counsellor to continue to express empathy with the person, demonstrating that they fully understand the facts and feelings being presented. Particularly when the person is ambivalent about change, it is important to focus on being empathic, instead of trying to coerce the person into changing.
- *Develop discrepancy:* It can be useful to gently but persistently highlight discrepancies between continuing the present behaviour and achieving other important goals. The idea is not to make the person feel guilty for a failure but to encourage them to produce arguments for making a change.
- *Avoid arguments:* Arguments breed defensiveness and reduce rapport and are consequently counter-productive.
- *Roll with resistance:* As indicated earlier in Chapter 26, it is important to deal with resistance by giving the person an opportunity to talk through those things that are blocking progress. Sometimes it can be useful to change strategies.
- *Support self-efficacy:* Self-efficacy is the belief that the person has the capacity to learn to cope and survive. Starting with small goals and working up to bigger things is a good way to go.
- *Provide feedback:* On the range of options the person might consider: feedback can be given in the form of a summary so that the person realises that they have been listened to and understood.

As counsellors, when working with people seeking help to change addictive behaviour, we need to recognise our own limitations and refer to professionals who have specialist expertise with regard to addiction whenever appropriate and possible. Many communities have agencies that provide services for people experiencing addictive behaviours. Additionally, it may be appropriate to recommend that a person might benefit from another form of intervention, such as group counselling, belonging to a support group, or family therapy. If, when counselling, you recognise that you may not be able to meet the needs of a person seeking your help, we strongly suggest that you consult with your supervisor with regard to the options available. Additionally this will provide you with an opportunity to explore any issues of your own, which may have been triggered by your work with a person who is troubled by addiction.

**Counselling  
people troubled  
by addiction  
is usually best  
done by those  
with specialist  
expertise**



## Learning summary

- Although addictive behaviours have negative consequences, they are difficult to change.
- Problems in addressing addiction involve readiness and motivation to change.
- Motivation can be influenced by other people.
- The stages of readiness to change are precontemplation, contemplation, determination, action, maintenance and relapse.
- The 'Exploration of ambivalence chart' can be a useful tool in addressing addiction.

## Training group exercises

### 1. Ambivalence exercise

Invite the training group to form triads. Ask each person in the triad to sit quietly for a minute or two and to think of something they feel ambivalent about (for example, someone may feel ambivalent about whether or not to continue in a course of study; another may be ambivalent about continuing to engage in an exercise program).

Instruct the trainees to briefly share with the others in their triad what it is that they feel ambivalent about and to clearly state what the two alternatives are (e.g. continue to study versus stop studying). Next the members of the triad are to decide whose 'ambivalence' the other two participants will work with (that is, who will be the 'ambivalent one').

Once the triad members have decided on an 'ambivalent one' the other two group members can volunteer to argue with each other, in a polite and friendly way, with one arguing for one of the alternatives and the other arguing for the other alternative.

This exercise will work best if the two arguers are willing to take extreme positions, even though in reality they may not personally agree with this position (for example, if the 'ambivalent one' is in two minds about continuing to gamble, then one of the persuaders needs to take a strong position in favour of gambling even if they don't personally agree with it). However, if a trainee is not comfortable in doing this their position must be respected and if they wish they may choose to withdraw from the exercise. It is important to tell the trainees that the exercise is meant to be exaggerated, fun, and above all friendly. The exercise can be allowed to go for a few minutes and then the person who was ambivalent is to be given an opportunity to comment on the experience and any effect it has had with regard to them making a decision.

Next, the trainees can discuss what they've learnt from the experience in the whole training group.



## 2. Identifying positives and negatives

Work in pairs with one person acting as the 'person seeking help' and the other as the 'counsellor'. The person seeking help is to talk about a behaviour of theirs that they feel ambivalent about (e.g. diet or exercise). The counsellor is to assist the person seeking help to draw a table similar to that shown in Table 29.1 but related to the issue that the person seeking help is ambivalent about. The form is to be completed by filling in the positives and negatives relating to each side.

The person seeking help is then invited to rate each positive and negative comment on a score from one to 10 (10 is most important, one is least important). The scores can then be totalled in each column and the totals compared. Discussion can then follow with regard to the experience of participating in this exercise.

## 3. Discussion on stages of change

In the whole training group discuss how you would determine the stage that a person had reached with regard to their motivation to change. Try to use practical anecdotal examples to illustrate the discussion.

## REFERENCES AND FURTHER READING

- Levingston, B. & Melrose, J. 2009, Alcohol and young people, in K. Geldard (ed.), *Practical Interventions for Young People at Risk*, Sage, London.
- Pita, D.D. 2004, *Addictions Counseling: A Practical and Comprehensive Guide for Counseling People with Addictions*, Crossroad, New York.
- Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. 1992, In search of how people change: applications to addictive behaviours, *American Psychologist*, 47 (9): 1102–14.
- Rasmussen, S. 2000, *Addiction treatment: Theory and practice*, Sage, Thousand Oaks, CA.
- Rollnick, S., Miller, W.R. & Butler, C.C. 2008, *Motivational Interviewing in Health Care: Helping Patients Change Behaviour*, Guilford, New York.



# Chapter 30

## Counselling those troubled by anger

Counsellors will inevitably at times be invited to help a person who has trouble in managing anger. Bottled-up anger can be very destructive and also very dangerous because it may break out at some time or other and the person may do injury or damage to someone else. Many counsellors, in the early stages of their counselling careers, become quite frightened when a person who seeks help exhibits even moderate levels of anger. This chapter has been included to provide new counsellors with some practical ideas about how to work with those people who have a problem with anger in cases where it is not considered necessary to refer them to more experienced counsellors.

**People who  
have poor anger  
management  
skills can be  
dangerous to  
others including  
counsellors**

People who are troubled by anger can often be helped to feel better if they are able to dissipate their anger without endangering others, and then to change some of their thinking patterns and behaviours. We will discuss two different and complementary ways of helping a person to dissipate anger. One way is to encourage them to release their anger verbally in the safety of the counselling environment, and the other is to teach relaxation (see Chapter 28). We will also consider ways to help a person to think and behave differently, so that hopefully they can deal with anger more constructively in the future.



## Helping a person to recognise and express anger

People who are not dangerous or violent can be allowed to recognise and express anger verbally in the counselling room. However, if an inexperienced counsellor suspects that a person seeking help might have the potential for violence, that person should be referred to a suitably qualified and experienced therapist.

When, in a counselling session, a person starts to express anger you may choose to use the normal reflective counselling strategies if you wish. However, if the level of anger starts to rise then it's sensible for you, the counsellor, to take control and to ensure that the anger is directed away from yourself. As a counsellor, avoid allowing a person's anger to rise significantly while they are talking directly to you, or you may end up in an unsafe situation where you feel threatened. Instead, protect yourself by using a method borrowed from Gestalt Therapy. (If you want to learn more about Gestalt Therapy read Clarkson (2005), and if you like what you read, you may wish to enrol in a Gestalt Therapy training course after you have completed your basic counsellor training.) The method involves the use of an empty chair.

### USE OF THE EMPTY CHAIR

Start by asking the person, 'Who are you most angry with?' Next, place an empty chair facing them a metre or two away from them. Tell them to imagine that the person who is the target of their anger is sitting in the empty chair. Say to the person something like, 'I don't want to be the recipient of your anger, so I don't want you to tell me how angry you are; rather I'd like you to talk to the imaginary person who is sitting in that empty chair, about your angry feelings towards them'. Preferably you should now stand beside the person seeking help and join them in facing the empty chair. You can then 'coach' them in their expression of anger towards the imagined person. For example, if the person starts by saying, 'Well, actually I'm very angry with Fred, because Fred has consistently offended me with his behaviour', then, as counsellor, you can say yourself, 'I'm very angry with you, Fred, because you've consistently behaved badly'. Hopefully, the person will then pick up the way in which they are expected to address the imagined person on the empty chair, instead of talking to you, and they can then be encouraged to express their anger openly and fully. This method is useful for the person as it enables them to verbalise the anger, and avoids a situation where the counsellor becomes the recipient of the anger, because the counsellor is standing beside and joining with the person. If this method appeals to you, then after completion of your basic counsellor training, you may wish to train as a Gestalt Therapist and learn other powerful techniques for enabling people to release angry feelings.



### **WARNING!**

Remember that some people have great difficulty in controlling inappropriately high levels of anger. Among these are people who perpetrate violence against spouses, others,

**Some people need to learn to manage their anger rather than express it inappropriately**

children or property. They must be referred to skilled psychotherapists and it is not appropriate for a new counsellor to attempt to help them. Moreover, rather than getting in touch with and expressing their anger they need to learn ways to manage and to control it. If during counselling you suspect that a person has the potential to be violent, seek assistance from an experienced counsellor or other relevant professional.

### **Helping a person to change their thoughts and behaviours**

Once counselling has been effective in enabling a person's high anger level to moderate, the next stage is to teach them how to deal with anger in the future. You may find it useful to give the person seeking help a copy of the chart shown in Figure 30.1 and discuss it during a counselling session.

Although the chart is fairly self-explanatory, it can be useful to work through it step by step. The first step is for the person to learn to recognise physiological cues. When we start to get angry, things happen to our bodies. What happens in your body when you are starting to get angry? We are all different; some people will notice their heart rate increase, others will breathe more rapidly, they may start to sweat, their muscles might tighten up, or they might have an uncomfortable feeling in their stomach. Some people freeze on the spot and feel their hair standing on end. Because we are all different, each individual needs to identify for themselves what happens to them physiologically when they start to get angry. Once a person has learnt to recognise the physiological symptoms that occur as their anger starts to rise, they can use these as cues to indicate that action is required to take control of the anger. In fact, they have a choice: they can either let the anger take control of them and allow an angry outburst to occur, or they can decide to take control of the anger, stop and respond differently. At times it may be better to allow controlled angry outbursts to occur, rather than to bottle up the emotion. Clearly, uncontrolled angry outbursts are dangerous, but letting off steam by occasionally having small controlled outbursts does enable anger to be dissipated. Unfortunately, people who continually behave angrily are certain to damage their relationships with others.

### **THOUGHT-STOPPING**

An alternative to having an angry outburst is for the person to recognise the physiological cues that indicate a rise in anger, and to immediately say 'STOP' sharply but silently to themselves to interrupt their thoughts. The method is called



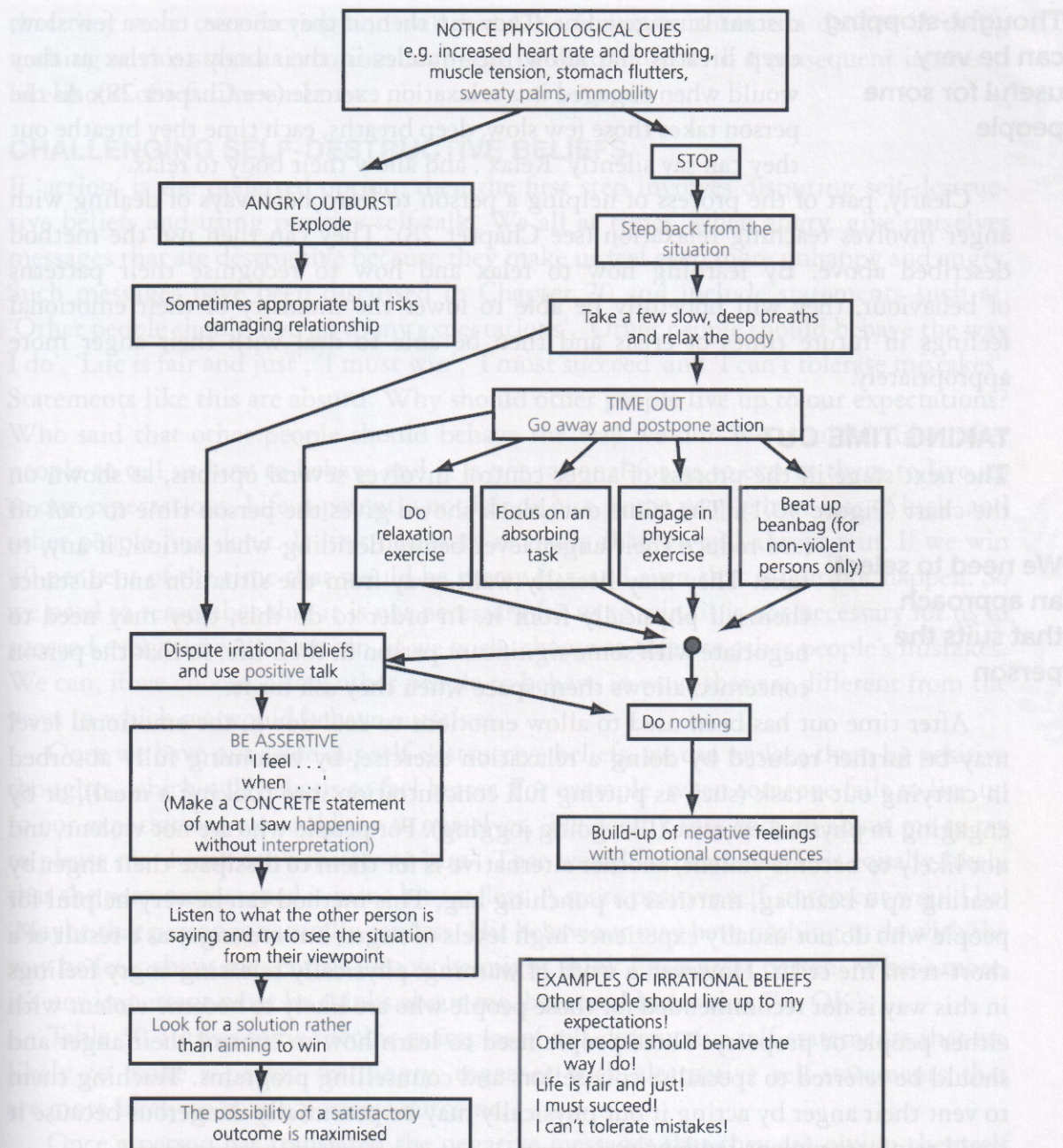


Figure 30.1 Anger control flow chart

*thought-stopping*. Once a person has interrupted the thoughts promoting anger, and stopped letting their thoughts hook them into an angry outburst, they can make the choice to step back from the situation, to move back in their imagination by 10 metres, so that they are, in effect, looking at themselves and their situation from a



**Thought-stopping can be very useful for some people**

distant vantage point. They can then, if they choose, take a few slow, deep breaths and allow the muscles in their body to relax as they would when engaged in a relaxation exercise (see Chapter 28). As the person takes those few slow, deep breaths, each time they breathe out they can say silently 'Relax', and allow their body to relax.

Clearly, part of the process of helping a person to learn new ways of dealing with anger involves teaching relaxation (see Chapter 28). They can then use the method described above. By learning how to relax and how to recognise their patterns of behaviour, they will hopefully be able to lower the intensity of their emotional feelings in future times of crisis and then be able to deal with their anger more appropriately.

**TAKING TIME OUT**

The next stage in the process of anger control involves several options, as shown on the chart (Figure 30.1). The 'time out' block shown gives the person time to cool off and reduce their anger level before deciding what action, if any, to take. They may literally walk away from the situation and distance themselves physically from it. In order to do this, they may need to negotiate with some significant person in their life, so that the person concerned allows them space when they ask for it.

**We need to select an approach that suits the person**

After time out has been used to allow emotions to cool down, the emotional level may be further reduced by doing a relaxation exercise, by becoming fully absorbed in carrying out a task (such as putting full concentration into cooking a meal), or by engaging in physical exercise (like going jogging). For people who are not violent, and not likely to become violent, another alternative is for them to dissipate their anger by beating up a beanbag, mattress or punching bag. This method can be very helpful for people who do not usually experience high levels of anger, but are angry as a result of a short-term life crisis. However, a word of warning: physically releasing angry feelings in this way is not recommended for those people who are likely to become violent with either people or property. These people need to learn how to control their anger and should be referred to specialist counsellors and counselling programs. Teaching them to vent their anger by acting it out physically may be potentially dangerous because it could reinforce violent tendencies.

**MAKING A DECISION**

From this point in the anger control process the options are either to do nothing further or to move into the action described in the left-hand column on the anger control chart. Sometimes doing nothing is satisfactory. It may be that, as a result of 'time out' followed by one of the anger-dissipating activities, the person will realise



that they were overreacting and will feel OK. However, there is a danger in doing nothing at this stage as emotions may still be bottled up with a consequent increased likelihood of a future outburst.

### CHALLENGING SELF-DESTRUCTIVE BELIEFS

If 'action' is the preferred option, then the first step involves disputing self-destructive beliefs and using positive self-talk. We all at times, when angry, give ourselves messages that are destructive because they make us feel even more unhappy and angry. Such messages have been discussed in Chapter 20 and include statements such as: 'Other people should live up to my expectations', 'Other people should behave the way I do', 'Life is fair and just', 'I must win', 'I must succeed' and 'I can't tolerate mistakes'. Statements like this are absurd. Why should other people live up to our expectations? Who said that other people should behave the way we do? We wouldn't like other people to tell us how to behave and it is not rational for us to expect them to live up to our expectations. Life is patently not fair or just. Some people have lots of luck, and other people just don't. It isn't necessary or likely that we will always win. If we win 50 per cent of the time that would be pretty fair, and even that might not happen. So we need to remember that it is not necessary for us to win, it is not necessary for us to succeed every time, and we can, if we wish, choose to tolerate other people's mistakes. We can, if we choose, allow other people to behave in ways that are different from the ways in which we would behave ourselves.

Once we have put aside our self-destructive beliefs, we can replace them by positive thoughts, which will help us to feel better. For example, when someone fails to live up to our expectations we could say to ourselves, 'He doesn't care enough about me to try to please me. I just don't matter to him'. That would be irrational. It is equally likely that the person concerned is just a bit careless. A more positive self-statement would be: 'Maybe that person is naturally careless. His behaviour may have nothing to do with the way he feels about me. For all I know he might think I'm a great person. What's more, it's not important what he thinks about me, because I know that I'm OK'.

Table 30.1 gives some specific examples of self-destructive self-statements that are likely to make a person feel angry, together with alternative self-statements that are more likely to have a positive outcome.

Once a person has translated the negative messages that they are giving themselves into positive messages, then they are in a situation where they can make other positive choices. They might do nothing, at least for the time being. That is a valid choice and it may be a sensible one. Sometimes it is better to let things cool off before taking action. However, it is important to be sure not to allow negative feelings to build up as a result of inaction. If negative feelings start to build up, then these will need to be dealt with. In order to do this, the person concerned might need to confront the



**Table 30.1** Comparison of anger-producing self-destructive statements with positive self-statements

<i>Self-destructive anger-producing statement</i>	<i>Equivalent positive statement</i>
If I don't get him to give me what I want, I'll be humiliated and made to look like a loser.	It's not reasonable to expect that I can make anyone give me what I want. I can feel proud of my ability to ask for what I want and to accept that I may not get it.
People should not let me down. When they let me down, I know that they don't respect me enough to want to please me.	I am a worthwhile person. It's not realistic to expect other people to live up to my expectations. When they let me down, it says more about them than me.
I can't feel OK unless Bill agrees that I'm right.	I can't control the way Bill thinks. If he's illogical, that's his problem, and I'm not going to make it mine. I'm OK.
Mary's behaviour is ruining my life. Unless she starts to do things to please me, I'm going to get very angry.	If my happiness depends on other people's behaviour, I might never be happy. I can be happy if I accept other people, including Mary, the way they are and the way they behave.
I've been victimised and that just isn't fair. I've got to get even.	Life often isn't fair and it's unrealistic to expect that it always will be. I can get on with enjoying life, instead of harbouring disturbing thoughts of revenge.
Note: For other examples of irrational beliefs see Chapter 20.	

person who they believe has done something to upset them. Where confrontation is the choice, it needs to be done in a way that is likely to lead to a positive outcome with a minimal risk of damage to the relationship.

### BEING ASSERTIVE

Constructive confrontation requires assertive rather than aggressive behaviour. An assertive person has the goal of wanting to be heard, but not the goal of definitely getting what they want. An aggressive person is determined to win at any cost and also is intent on hurting or punishing the other person. Assertion involves communicating as an equal. It involves respecting the rights of the other person, and demands that the other person's point of view must be respected. Consequently, two assertive people may well come to the conclusion that they have different opinions. They will, however, respect the right of each other to have a different opinion. It is sufficient for the assertive person to be heard rather than to win an argument by convincing the other person to change their mind. Sometimes we will not be heard and it is not rational of us to expect that the other person will

**Being assertive involves being heard and accepting that we may not get what we want**



necessarily be capable of hearing what we have to say. We need to come to terms with that.

One of the best ways to make assertive statements is to use 'I feel ... when ...' statements, as explained in Chapter 18. An example is, 'I feel frustrated when you interrupt me in the middle of a sentence'. By using the 'I feel' statement, the speaker is owning their feelings rather than blaming the other person, and consequently they are more likely to be heard. After the feeling statement follows a concrete statement about the behaviour that caused the feeling. As explained before, it needs to be an objective statement of behaviour, and not an interpretation of the facts. By contrast with an assertive statement, an aggressive statement would be one that began with the word 'you', and implied blame. For example, 'You are very rude because you deliberately try to annoy me by interrupting me'. Such a statement implies blame, makes an unjustified interpretation, and is likely to lead to an argument.

Another good way of making an assertive statement is to make a request that might lead to some common agreement. For example, I might say, 'Would you mind waiting until I've finished what I'm saying? If you do that, I'll feel heard and will be more receptive to what you have to say'.

The goal of making assertive statements is to get a positive outcome. After making an assertive statement, the speaker needs to listen carefully to what the other person says in reply, with the intention of hearing and understanding their point of view, rather than with the intention of disputing what they say.

### THE USE OF ROLE PLAYING

A good way of helping a person to practise anger control is by role playing while using a camera to record the role play on a DVD. By recording the role play of a real situation that recently made the person angry, they may be able to see how other people perceive them. Additionally, they may gain insight if they role play both themselves and the other person, as explained in Chapter 27. They will need to continually change position and role to do this. A review of the DVD recording may enable the person to see how tempers become inflamed. The counsellor can then coach them in the anger control methods described, and in particular can teach ways to make assertive rather than aggressive statements.

Remember that very angry people may be dangerous. As a new counsellor you need to be conscious of the need to consult with your supervisor and to refer a person who is seeking help to another more experienced and qualified counsellor when necessary.

### EXTERNALISING ANGER

A completely different way to deal with anger control is to externalise the anger, as explained in Chapter 21. The process of externalising separates the anger from the person so that the person perceives the anger as something that they have the power



to manage or control rather than the anger being seen as a part of themselves that they are unable to influence. When using this approach for anger control, it can be useful to explore how anger influences and constrains the person's life. Exceptions can also be explored to discover times when the person is in control so that they are able to recognise that they can, in fact, control the anger when they wish.

### Learning summary

- Refer potentially violent people to experienced professionals.
- Encourage the person seeking help to direct anger to an appropriate imagined target person on an empty chair.
- Teach the person to use the process described by the 'anger control flow chart' (Figure 30.1) starting with the recognition of physiological cues.
- Teach the person how to replace irrational beliefs with positive self-talk, how to be assertive, how to listen to others, and how to look for solutions rather than to try to win.
- Teach the person relaxation.

### Training group exercise

#### Personal responses to anger

Working individually, write down your current feelings and thoughts with regard to counselling an angry person. In doing this take account of your responses to the questions:

- a. Is it OK to be angry?
- b. Are there different ways to express anger?
- c. When does anger become a problem?
- d. How would you know if a person might become violent?


Write down any skills you think might be useful when in the presence of someone who is expressing anger.

When you have completed the above exercise, discuss any issues you have identified with your training group. In particular make reference to the issue of personal safety and explore ways that counsellor safety can be promoted.

#### REFERENCES AND FURTHER READING

- Clarkson, P. 2005, *Gestalt Counselling in Action*, 3rd edn, Sage, London.
- Davies, W. 2009, *Overcoming Anger and Irritability*, Robinson, London.
- Nay, R. 2004, *Taking Charge of Anger: How to Resolve Conflict, Sustain Relationships and Express Yourself without Losing Control*, Guilford, New York, NY.





# Chapter 31

## Counselling those troubled by depression

When do you get depressed?

Why do you get depressed?

We all get depressed from time to time. Being depressed some of the time is a normal human condition and as counsellors we are sure to meet with people who are depressed. Depression only becomes a serious problem when it is either very deep or very prolonged. It is then dangerous and requires specialist treatment, so counsellors need to be aware of this and refer people for appropriate professional help when necessary.

There can be many reasons for depression. Some people become depressed as a consequence of what they see as overwhelming pressure in their lives. Others are depressed as a direct result of sickness. People who are unable to meet their own expectations of themselves are usually depressed. Then there are those people whose depression is due to their inability to accept that other people do not live up to their expectations. There are people who are depressed because they are grieving as a consequence of loss, and our guess is that you can think of a range of other circumstances that are likely to produce depression.

It is also important to recognise that there may be organic reasons for depression; problems with body chemistry, organic problems in the brain and other medical conditions can cause depression.



## Use of the normal counselling processes

For many people the normal counselling processes previously described will produce changes in emotional feelings and thought patterns so that depression lifts. So why are we writing a special chapter on depression if the normal counselling processes are usually sufficient? We are doing this because for some people who suffer from prolonged depression, a heavy emphasis on the reflective counselling techniques described in the early chapters of this book will not be useful, and may even have a detrimental effect. This is particularly so in cases where the depression does not seem to be related to recent or specific causes.

Generally, when depression can be directly related to a person's personal life and can be attributed to specific life events, a personal situation or an identifiable crisis, it is appropriate to use the counselling techniques previously described. While doing this, it is useful to remember that depression can often be understood in terms of 'blocked anger'.

## Depression as blocked anger

When a person suppresses or is unable to recognise anger towards someone else, it is quite likely that they will become depressed.

Can you imagine yourself being very angry with someone but being unable to express that anger? You might be unable to give vent to your anger for a variety of reasons. Maybe you care so much about the person who is the target of your anger that you do not want to hurt them by expressing anger. Perhaps you recognise that really your anger is unjustified, although real. Possibly you have been taught not to blame others or not to express angry feelings. After all, how many times do parents say to children, 'Don't be angry'? Sometimes parents will do this at times when it is appropriate for their children to be angry, and by doing so we encourage them to block or suppress their legitimate feelings with inevitable negative consequences for themselves.

**It may be helpful for some people to learn that depression can result from repressed anger**

How are you going to feel if you suppress angry feelings? You're probably going to feel frustrated. If you are not able to deal with your frustration by letting that anger out, then you are likely to experience feelings of helplessness and depression.

### EXPLORING THE POSSIBILITY OF BLOCKED ANGER

During the counselling process it is often sensible to confront a person who is suffering from depression with the possibility of anger underpinning the depression. A variety of counsellor responses can be used for raising awareness of underlying anger. Here are some examples:



*'When you think about what has happened to you, who are you most angry with?'*

*'If you weren't depressed, who would you be angry with?'*

*'If instead of feeling depressed you felt angry, what would that anger be about?'*

Sometimes, a person's response to one of these questions will be to deny that they are angry with anyone or anything, and this may be true. However, it may be that they are unable to get in touch with their anger, if it exists, or that for some reason they don't want to own it. If a counsellor suspects that anger is blocked then it may be useful to give the person a message that implies that it is OK to be angry in the person's particular situation. A counsellor might say, 'If I had experienced what you have experienced, I think that I would feel very angry'. This may enable the person to recognise and access anger. If it does, then dialoguing and the empty chair technique described in Chapters 27 and 30 can be used so that the person is given the opportunity to express anger verbally in the safety of the counselling environment. We recommend, however, that it is important to be sure the person understands that there are appropriate and inappropriate ways of expressing anger.

**Inappropriately expressed anger can be damaging to self and others**

Sometimes people who have learnt to disown angry feelings will tell you that they are not angry, but instead are just frustrated. There is a thin dividing line between frustration and anger. If a person is frustrated, the approach used for the expression of anger may be equally appropriate in dealing with the frustration.

Often when a person who was troubled by depression expresses anger, there will be a change in their demeanour, with the lethargy caused by the depression being replaced by an energised state in which the person becomes more active and looks more in control.

People suffering from depression due to the loss of a relationship are often angry with the person they have lost. Appropriate expression of that anger in the therapeutic environment may enable them to deal with it in a constructive way. However, remember that some people have the potential to be dangerous to others (see Chapter 30). These people need to learn to control their anger and should be referred for appropriate professional help for the protection of yourself and others.

## Those who need referral

Counsellors need to be able to identify those people who need referral for specialist counselling or for medical or psychiatric assessment and treatment. Included in this group are people who:

- are so troubled by depression that they are a danger to themselves or others
- are unable to function satisfactorily in their daily lives due to depression



- have suffered from depression for long periods
- have no clearly identifiable cause for the depression.

If you are in doubt regarding referral to a suitable professional, we suggest that you talk with your supervisor.

Regardless of the need for referral in cases such as those described above, counsellors working in crisis counselling agencies will frequently become involved in counselling people who are chronically depressed. Many of these may be either unwilling to seek specialist treatment or are engaged in long-term psychiatric treatment with little positive effect. We believe that it is appropriate for such people to talk to counsellors from time to time, provided that any other professionals involved are comfortable with that. Certainly, counselling by a skilled counsellor will, at the very least, enable the person to feel that someone cares enough to listen, and there may be other beneficial effects.

## Counselling people who suffer from chronic depression

When counsellors are working with a person who is experiencing long-term depression, the effect of continually reflecting back depressed feelings is likely to do little more than heighten their experience of feeling depressed. Unfortunately, this may result in the person feeling that they are hopelessly and chronically depressed and are beyond help. Clearly, this approach is unhelpful! When seeking to help a person who is suffering from chronic depression we therefore need to limit our use of reflection and to use a different emphasis in our counselling. This does not mean that we should discard our ideas about the counselling relationship or forget the basic micro-skills. We need all that has previously been learnt, but with a change in emphasis.

We suggest that you might like to refer to the 'Stages of the counselling process' chart (Figure 16.1 on page 152). The difference in dealing with a person who is suffering from chronic depression is that we need to move forward more quickly and decisively from the emphasis on emotions stage into the emphasis on thoughts and behaviour stages (see the right-hand side of the chart). By doing this, the emphasis is taken off emotions and replaced by an emphasis on thoughts and behaviours. Rather than accompanying the person on a journey down into depression by reflecting feelings, invite them to join you on a journey of exploration where together you will explore the influence of thoughts and behaviours on the depression, with some limited but positive goals in mind. In this process the counsellor needs to be more active and confronting than might be the case with those who do not suffer from chronic depression.

**Being active  
and caringly  
confronting may  
be helpful**

We suggest that when counselling chronically depressed people, the counsellor may wish to start by attending carefully to the person



using active listening to allow the counselling relationship to develop. However, once the feelings of depression have been validated by reflection, then, as mentioned earlier, it is not wise to continue by reflecting feelings of depression as this will merely accentuate the depressed feelings. Instead the counsellor may begin to refer to the depression as something to be dealt with, rather like a piece of baggage that can be picked up or put to one side. When doing this the counsellor is using a process similar to externalising (see Chapter 21).

## **COUNSELLING GOALS FOR PEOPLE WHO SUFFER FROM CHRONIC DEPRESSION**

When counselling someone who is troubled by chronic depression, it's necessary to make a decision about what are realistic counselling goals and what are unrealistic goals. New counsellors sometimes believe that it should be possible, with skill, to help every person who is suffering from chronic depression to feel better. Unfortunately this is unrealistic. However, if counsellors choose suitable goals, many people who are suffering from depression can be helped to enjoy a better quality of life. You might like to try to think of some realistic goals yourself before reading our suggestions:

- To help the person to identify what makes them feel better and what makes them feel worse.
- To help the person to recognise that they have choice regarding their current behaviour at any time. For example, they could choose to do what makes them feel better or what makes them feel worse. They could choose to sit around and do nothing, or they could choose to do something active.
- To encourage the person to focus their mind on what they are actively doing instead of focusing on depression.
- To enable the person to take action.
- To enable the person to make a decision to seek appropriate specialist or psychiatric help.
- To enable the person to come to a decision with regard to one of the practical problems in their life.
- To help the person to challenge a self-destructive belief, which is making them feel worse.
- To help the person feel a sense of importance because you are listening. (Note that some people who are suffering from depression will deny that the counsellor cares because there is a limit to a counsellor's caring. However, as a counsellor you do care enough to listen and you can say that. Be specific though. A statement such



as 'I care about you' is likely to be challenged, whereas a statement such as 'I care about you enough to want to listen to you' can't be sensibly challenged.)

To give the person a positive message about themselves at the end of the counselling session. For example, 'I'm impressed by the way you were able to clearly identify what makes you feel better and what makes you feel worse'.

If you decide that the goals described above might be too difficult to achieve, you could set an easier goal such as:

My goal will be to listen to this person so that for a time they are not alone but will have my company. (In this case, you are really offering company rather than counselling so you may end up chatting together rather than using counselling skills.)

**The counsellor's expectations need to be realistic**

Even if the previous goals listed are not attainable, this last goal is definitely achievable and therefore realistic. If you decide to try to achieve one of the earlier goals mentioned, we suggest that you may wish to set one goal only, because it will be hard for someone who is suffering from a high level of depression to find the motivation

required to make several choices and take action to carry them out. The nature of depression leads to loss of motivation and consequent inactivity. Unfortunately inactivity reinforces depression, making it hard for the person concerned to make changes.

**USING A DIFFERENT APPROACH**

If, as a counsellor, you are to achieve a selected goal, once you have secured a warm and trusting relationship with the person by using active listening and problem identification, you will need to make amendments to the counselling strategies you have previously learnt. While walking alongside the person at times, at other times it will be advantageous for you to take control of the direction of counselling intervention. It may also be advantageous at times to change your counselling style so that you are more confronting, but in a friendly, caring and non-threatening way. As explained, a person who is suffering from chronic depression will find it difficult to be motivated and consequently will find it hard to change. They will find it hard to identify ways to reduce their pain. However, by confronting with care you may enable them to explore options and take some positive action.

**ENCOURAGING ACTION**

It can be useful for a person suffering from depression to be able to recognise those behaviours and situations that make them feel less depressed. If they can discover what they need to do or where they need to go in order to feel less depressed, they may be able to escape from the intensity of the depression for a time. A good approach is to



ask the person, 'Was there ever a time when you weren't depressed?' (see Chapter 22 regarding looking for exceptions). Most people can identify some times in their lives when they enjoyed themselves. If you can find out when those times were for the person you are seeking to help, then you may be able to help them discover some way of partially regaining some pleasant experiences.

When we are suffering from depression we all tend to think negatively, so remember how difficult it will be for a person troubled by depression to try to think positively. However, if as a counsellor, you are to help such a person, you will need to try to help them discover some positive ways of thinking and behaving. Let us consider an example: Imagine that a person says, 'I was only happy while Judith was alive. She's dead now and so my life is meaningless'. In order to help this person you would need to use your ingenuity to try to discover what it was that Judith did, apart from being present, that helped the person to feel good. You might ask the question 'What sort of things did you do when Judith was around?' and this might lead to the answer 'We used to go for long walks in the bush'. You could then explore whether, at the present time, a long walk in the bush would be more or less depressing than not going for a walk.

The question 'Would that be more or less depressing than doing what you are doing now?' is a smart way of avoiding a 'Yes but ...' answer. Even so, you might get the answer 'Yes, but I would still be depressed'. You can agree and say: 'Yes, you would still be depressed but would you be more depressed or less depressed?' Of course you might get the answer 'I'd be just the same, miserably depressed'. In this case, seek a less ambitious goal for the session, but do not give up. Remember that this person is in pain and deserves respect and help.

### THE USE OF ACTIVITY

Research over many years has shown that generally people who suffer from depression tend to be less depressed when they are active. This is why occupational therapy is used in psychiatric settings to help those who suffer from severe depression. Even a simple action such as going to have a shower, or take a bath, can be a useful activity that might temporarily ease the depressed feeling.

### SETTING TIME LIMITS

There may be limited value in talking for lengthy periods with people who suffer from chronic depression. Generally, short interventions tend to be more useful, particularly if they encourage the person to undertake some activity. To encourage activity, remember to reward a person with praise when they do engage in meaningful activity and when they succeed, for a time, in feeling less depressed.

**Activity can  
often be helpful  
in reducing  
depression**



Because people who suffer from depression are often bored and preoccupied with negative thoughts, they may wish to talk at length without purpose and to travel the same road in their thoughts, over and over again. In turn, counsellors may need to use good termination skills. A useful way to terminate a counselling session is for the counsellor to be directive in suggesting that the person go to perform a task. For example, the counsellor may say, 'I would like to finish our conversation now and suggest that you might like to go home and prepare a meal for yourself right away. Next time we meet I would like you to tell me whether you felt more or less depressed when you made and ate the meal'. Once again, the suggestion is action-oriented and includes the goal of identifying the usefulness of activity.

## Debriefing

If counsellors join empathically with people who are depressed, they may pick up negative and depressed feelings themselves. It is therefore important to debrief and to look after your own needs (see Chapter 41).

## Learning summary

- It is normal for people to suffer from depression as a result of personal stress or as a consequence of a troubling situation.
- For many people who suffer from depression as a consequence of a troubling personal situation, the normal counselling processes may be sufficient.
- Sometimes depression results from 'blocked anger'.
- Depression calls for specialist treatment when it is either very deep or prolonged.
- For people who suffer from chronic depression:
  - > referral to a specialist is required (after consultation with your supervisor)
  - > continual reflection of feelings can be counter-productive
  - > set goals for the session and take control of the counselling process
  - > be confronting
  - > encourage activity
  - > keep counselling sessions short and energised.

## Training group exercises

### 1. Counselling a person with negative attitudes

Work in pairs with one person acting as the person seeking help and the other as counsellor. The person seeking help is to role play being consistently negative and depressed throughout the conversation with regard to every topic that is discussed.



## 2. Reflecting on the counselling experience

On completion of the conversation and in the whole group discuss the counsellor's experience of the conversation and how this experience might impact on the counselling relationship, in particular with regard to the emotional feelings experienced by the counsellor.

### FURTHER READING

- Gilbert, P.R. 2009, *Overcoming Depression: A Self-help Guide Using Cognitive Behavioural Techniques*, 3rd edn, Robinson, London.
- Massey, A. 2005, *Beat Depression and Reclaim Your Life*, Virgin, London.
- Saunders, D. & Wills, F. 2003, *Counselling for Anxiety Problems*, 2nd edn, Sage, London.



# Chapter 32

## Counselling those troubled by grief and loss

We have noticed that a high proportion of problems people experience are concerned with relationships. Issues related to relationships fall into four major categories. These are:

1. dysfunctional relationships
2. failure to form meaningful relationships
3. lost relationships through death and separation
4. negotiating the normal or developmental challenges and changes in relationships.

### Types of loss

#### **LOSS ASSOCIATED WITH RELATIONSHIPS**

In each of the categories listed above issues of loss and grief may arise. In dysfunctional relationships there is a loss of expectation that these relationships will be functional and harmonious. People who are unable to form meaningful relationships may have to cope with the loss of their expectations. When couple relationships break up, both people need to adjust to the loss of a partner. In the case of married couples, there is also the loss of marital status and the loss of the expectation that marriage is for life. If children are involved, then each parent has a loss of support from their spouse in the



day-to-day rearing of the children, and often one parent has a significant loss of contact with the children so their parental role is to some extent diminished.

When relationships are functioning normally, new situations will arise from time to time—changes will naturally occur due to changes in roles as a consequence of the inevitable developmental stages of the relationship. There is therefore a need to confront the challenges incurred by change, and change often involves loss.

### OTHER LOSSES

Counsellors also hear about many other types of loss, for example the loss of a limb, loss of an internal part of the body, loss of mental functioning due to ageing or brain damage, loss of a job, loss of a home or loss of self-respect.

### Helping a person who is grieving

In order to be effective in helping people who are grieving over a loss, counsellors need to understand the process of grieving. There are many books on loss and grief counselling, including those listed at the end of this chapter, for those who wish to read more about the subject.

When counselling somebody who has suffered a loss, or who is grieving, it is important to be able to reassure them that the feelings they are experiencing are normal for a person who is grieving, and that it is normal to take time to grieve. In this regard it may be useful to self-disclose if you yourself have in the past taken time to grieve over a similar loss.

### RESTRICTING COUNSELLOR SELF-DISCLOSURE

Although at times self-disclosure is appropriate, it should be used sparingly, and never solely to satisfy the counsellor's needs. Before self-disclosing, we suggest that you may wish to examine what you are personally experiencing and to make a decision about whether your motive is to satisfy your own needs or is genuinely to help the person who is seeking your help. Where self-disclosure is used more than occasionally, its impact is lost, and the counsellor is certainly putting their needs before those of the person seeking help.

**Self-disclosure  
can be useful  
if it is used  
sparingly**

Disclosure of information about other counsellors or other people is unethical and should never occur in the counselling process.

### COUNSELLING SKILLS TO USE

When a person is grieving, all the micro-skills previously discussed can be used as explained in Chapter 16 to allow the person to verbalise their thoughts and feelings, to experience rather than suppress their pain, and to generally explore whatever is happening within them as they experience their loss. Additionally, it is useful for a



counsellor who is helping a person who has suffered a loss to have an understanding of the process of grieving. This understanding will enable the counsellor to recognise and appreciate the person's experience more fully so that an empathic counselling relationship can be established and maintained.

## The stages of grief

**It can be helpful for a person who is grieving to understand the commonly experienced stages of grieving**

People tend to go through a number of stages in the grieving process. For some people these stages follow a particular sequence, but for other people the stages overlap or occur in a different order. Everyone is unique and grieves in a uniquely personal way, so counsellors should avoid trying to fit a predetermined grieving pattern onto a person. However, if as a counsellor you know what the commonly experienced stages in the grieving process are, then you will be better equipped to deal with the grieving person. You may be able to explain to them

that their experiences are not strange or unusual, but are normal for someone who is grieving.

The stages of grief are commonly experienced in the following sequence:

1. shock
2. denial
3. emotional, psychological and physical symptoms
4. depression
5. guilt
6. anger
7. idealisation
8. realism
9. acceptance
10. readjustment
11. personal growth

If a person is unable to work through the stages of grief, then they are likely to be stuck in a trough of hopelessness and despair. They may become neurotically obsessed by their loss, and become deeply depressed and possibly suicidal. The following paragraphs explain the stages of grief with the exception of depression. Depression was discussed in the previous chapter, Chapter 31.



## SHOCK

Often, the first stage of grief is shock. This may be particularly severe in cases of sudden loss, or where a person has not been prepared adequately for an expected loss. In this stage the person almost seems to stop functioning, is numb, is in a daze and is incapable of doing anything constructive.

## DENIAL

Along with shock, and following on from shock, comes denial. The grieving person can't believe that what has happened is really true.

The denial process can be prolonged for people who separate from a living partner. Very often a rejected partner will deny that the relationship is over, even though the other partner is clearly saying, 'It's finished and I'm not ever going to come back to you'. This is hard for a counsellor to deal with, because the grieving person needs to have time to move through the denial stage. Perhaps the most useful approach is to reflect back the person's expectation that their partner may return, and to add to this concrete statements of fact that seem to indicate the opposite. The counsellor might say, for example, 'I get the strong impression from you that you believe that your partner will come back to you. I also notice that she said to you that she would not do that, and that she has rejected all your approaches to her since she left. Do you think that it's possible that she may not come back?' This tentative statement and question may enable the person to stay in denial if they need to do that for a while longer, or to move forward. When a person is starting to accept the possibility that the loss may be permanent, it may then be useful to let them know that denial is a normal part of grieving. By doing this they can feel OK about their difficulty in not wanting to accept reality in its entirety.

People who are dying often grieve in anticipation of dying and such people sometimes have real problems with denial. When a person is told that they are dying, they may try to convince themselves that what the medical practitioner is telling them is not true. They may look for and try unorthodox methods to find a cure, and may start to bargain with God in an effort to get an extension to life.

## EMOTIONAL, PSYCHOLOGICAL AND PHYSICAL SYMPTOMS

Grieving people experience feelings of depression, despair, hopelessness and worthlessness. Very often they will exhibit symptoms such as insomnia, inability to concentrate, loss of appetite and physical ill-health. This is normal. There is little that the person can do but accept that such symptoms will pass with time as the pain of grief diminishes. Naturally if such symptoms are severe or persist, the person should be encouraged to consult with a medical practitioner.



## GUILT

Guilt often occurs in the grieving person. A counsellor will frequently hear a person say how guilty they feel because they didn't tell the deceased how much they loved them, didn't tell them how much they cared for them, didn't apologise for something they had done wrong, or didn't make peace over an issue where there had been a disagreement. If, as a counsellor, a person seeking your help describes such feelings, allow them to fully explore them.

## ANGER

Often after shock, denial, depression and guilt, anger follows. Remember though that the stages often overlap, and sometimes a person will move forward from one stage and then go back to an earlier stage.

In the case of a person who is dying, anger may be directed at the medical practitioners involved. The person may feel that they haven't had satisfactory medical treatment. Maybe they will believe that their illness was diagnosed too late, and consequently that it's the doctor's fault that death is inevitable. Similarly, a person who has lost a loved one through illness may blame the medical practitioners who treated the deceased before their death. Additionally, a bereaved person may well experience anger towards the person who has died. They may feel that the deceased person 'had no right to die' and has hurt them by leaving them alone to cope in the world. This may be especially so in cases where the deceased has committed suicide.

### Feeling anger towards a deceased loved one can be disturbing and confusing

Often it is hard for a person to accept that they are capable of being angry towards somebody they loved who has died. This is especially so for children who have lost a parent through death and not had adequate counselling. They invariably feel guilty and confused by their anger and resentment towards the deceased parent. Without counselling, these feelings may endure for years.

People whose partners have rejected them often become very angry and, while being angry, desperately want to get back into the relationship. They inevitably make it hard for themselves to do this and probably spoil their chances of reconciliation, because while saying 'I love you and I want to be back in a relationship with you', they may also be experiencing anger, and are likely to express it in some way. They might give mixed messages to their partner because they are simultaneously giving 'Please come back' messages and angry messages. The anger, of course, can easily be understood as part of the process of grieving.

Sometimes a person who has religious beliefs and is grieving will feel angry with God, and will blame God for the loss that has occurred. For deeply religious people this may cause feelings of extreme guilt. When counselling such people a counsellor can explain that it is normal to experience anger in grief. The counsellor might also ask the person



whether they think that God is capable of accepting, forgiving and loving someone who is angry with God. When counselling people who have faith in other religions, similar issues may arise. Here it is important for the counsellor to gain sufficient understanding of the person's beliefs to be helpful (see Chapter 38 regarding cultural issues).

### **IDEALISATION**

Idealisation often follows the angry stage of grieving. It is very common for people who have suffered loss through death or separation to idealise the lost partner. The grieving person temporarily forgets any faults or negative characteristics of the deceased and remembers only an ideal person. They remember everything positive that the deceased did and convince themselves that they loved them without reservation, and never had any negative feelings towards them. This is idealisation, and once again it is normal. It takes time for a person to move through idealisation and a counsellor needs to be careful not to try to move the person who is grieving forward too quickly, but rather to let the grieving process occur naturally. When it is appropriate, a counsellor may ask tentatively whether the lost person had any bad points, any faults, and whether they sometimes made mistakes. Slowly the realisation will dawn that, yes, there were polarities in the deceased person. The deceased was a real person, a human being with both strengths and weaknesses.

### **ACCEPTANCE, READJUSTMENT AND PERSONAL GROWTH**

A person who is grieving will hopefully, in time, come to terms with their grief and start to accept the reality of their loss. They will start to be more realistic about the person they have lost, and to accept the loss as a permanent reality. They are then free to move forward and to create a new life as an individual. This may be scary, particularly for those who were heavily dependent on a relationship that has been lost. In this stage of the grieving process the person needs to be active rather than passive, to try new experiences that will lead to personal growth. New experiences, by their very nature, involve some degree of risk, and so may understandably cause the person to be apprehensive. Taking risks can be frightening and can also be exciting. Reframing 'risk taking' as 'exciting' may be helpful for some people.

### **Allowing the grieving process to occur**

Finally, as a counsellor, do not try to calm or soothe the grieving person. Do not try to cheer them up or help them to contain their sadness and fears. Instead, help them to express emotions freely, to cry if they wish, and to grieve fully. It is only when grief endures for an excessively long period that it becomes maladaptive. In such cases, professional help from an experienced counsellor, psychologist or psychiatrist is required. Know the limits of your own competence, and when appropriate, after consultation with your supervisor, refer the person who seeks your help to others who are more qualified and experienced than yourself.



## Learning summary

- People grieve for lost expectations, relationships, bodily functions, jobs and losses of all kinds.
- Normal stages of grief include shock, denial, psychological and somatic symptoms, depression, guilt, anger, idealisation, realism, acceptance, readjustment and personal growth.
- It's usually a mistake to try to calm or soothe a grieving person. Encouraging free expression of emotions tends to be more therapeutic.

## Training group exercises

### 1. Exploring a range of losses

Working individually, write down a list of as many situations as you can think of where a person might experience loss. Rank these in order of severity.

Next, discuss your list and rankings with your training group. Notice differences of opinion in your group and discuss these differences with regard to how they might impact on your relationship with the people you are trying to help and their perceptions of their loss.

### 2. Personal experiences of loss

Working individually, if you feel comfortable in doing so, write down a list of personal losses that you have suffered and put these in order of severity with regard to the effect they had on you personally. Decide whether you are willing to share any of these experiences with your training group. If while doing this exercise you recognise that you are becoming troubled by remembering a loss, talk with your group facilitator, or take other positive action, such as seeking counselling help to address your grief.

Next, if you think it appropriate, and believe that it would be helpful for the other members of the group, discuss one of your experiences of loss and explain how you were able to deal with this loss and become more resilient as a consequence.

## FURTHER READING

- Freeman, S.J. 2004, *Grief and Loss: Understanding the Journey*, Wadsworth, London.  
Humphrey, G.M. 2008, *Counselling for Grief and Bereavement*, 2nd edn, Sage, London.  
Mallon, B. 2008, *Dying, Death and Grief: Working with Adult Bereavement*, Sage, London.




A decorative background pattern of stylized, overlapping leaves in a light grey color, set against a darker grey background. The leaves are arranged in a flowing, organic manner, primarily concentrated on the left side and bottom of the page.

# Part VI

## Telephone counselling and crisis intervention





# Chapter 33

## Telephone counselling

We would like to ask you, the reader, a question: 'Do you think that it would be harder to be a telephone counsellor or a face-to-face counsellor?'

We feel certain that you will have to think hard about this question, because the two types of counselling are in some ways similar but in other ways very different. Before reading on, you may wish to think about what the major differences are.

One major difference is that the nature of the contact between the counsellor and the person seeking help is obviously quite different in telephone counselling when compared with face-to-face counselling, and this is sure to have an impact on the counselling process.

### Advantages of having visual contact

A telephone counsellor has much less information about the person seeking help than a face-to-face counsellor. Because the telephone counsellor can't see the caller, they are consequently denied a wealth of information.

In contrast, a face-to-face counsellor can directly observe the person. From this visual contact they may be able to make tentative judgments about the person's emotional state, coping ability, age, social status, cultural background and temperament. They are also able to gauge more easily the person's willingness to share, and their comfort with the counselling relationship. From visual observation the



**Telephone counsellors only have non-visual clues to their caller's reactions**

face-to-face counsellor has the benefit of many subtle clues that are not available to the telephone counsellor. Most importantly, the counsellor is able to give and to receive non-verbal messages. This is much more difficult to do by phone. Have you ever tried to smile down a telephone line? It's not the easiest thing to do, is it? Have you ever wondered whether the person talking to you by phone was crying or not? In the face-to-face situation those tell-tale tears would leave you in no doubt.

**Time to build a relationship**

Another significant difference between the two types of counselling concerns the counsellor's ability to build a relationship with the person seeking help. The face-to-face counsellor has more time in which to build a relationship by using both verbal and non-verbal cues. Rarely does a person walk out of a counselling session during the first minute or two. But for the telephone counsellor the situation is quite different. If some level of trust isn't established early on in the call, the caller might well hang up, thereby terminating the counselling process!

**It is easy for a caller to hang up**

In many ways then, telephone counselling is more difficult than face-to-face counselling. The telephone counsellor, 'TC' for short, has to have good 'fishing' skills. They need to be able to engage their caller through a gradual process that is active but non-threatening, so that the caller feels safe enough in the relationship to begin and to continue talking.

**Being prepared for a call**

To be effective, a telephone counsellor needs to be ready to make the most of the first few moments of a call to engage the caller; the first minute or two of the call are often critical. A distressed caller in a highly emotional state will easily be frightened away, and is likely to hang up unless some immediate warmth and responsiveness comes through from the counsellor.

**INFLUENCE OF THE COUNSELLOR'S OWN PROBLEMS**

We counsellors are people with our own needs. If we are preoccupied by our own emotional problems and if our own unfinished business with other people needs attention, then we are very unlikely to be ready to engage with a caller over the phone when it rings. It takes time to put aside our own stuff, and unless we have done that, it will intrude.

Sometimes when a person seeking help is coming to a second or subsequent face-to-face counselling session it's possible for a counsellor to let go of their own



preoccupations by owning them openly and saying to the person something like: 'I have just had a difficult few minutes and haven't yet distanced myself from that experience. I'm letting you know this so that I can put that experience to one side and give you my full attention without being distracted by intruding thoughts'.

Sharing information like this can be useful in two ways. Firstly, it addresses the process occurring for the counsellor and will probably enable the counsellor to focus on the person without the problem of intruding thoughts. Secondly, the counsellor models an appropriate way of displacing, or putting to one side, troubling thoughts. Unfortunately this technique can't be used in telephone counselling unless the caller is well known to the counsellor. The telephone counsellor–caller relationship is usually too fragile for such a disclosure at the start of a call.



**Figure 33.1** The counsellor attending to the call

### PREPARING YOURSELF FOR A CALL

As explained above, the telephone counsellor (TC) needs to be ready right from the start of the call to pay full attention to the caller and to the counselling process. The TC therefore needs to prepare adequately before the phone rings. If they are troubled by worrying or disturbing thoughts, then they need to deal with these in some appropriate way. We are all different and the way in which we prepare ourselves may not work for other people.

There are four common ways of preparing for a telephone counselling session. They are:

1. Talk through your own problems with your supervisor.
2. Own your intruding thoughts by telling a colleague that they exist.
3. Use relaxation, meditation or prayer, depending on your spiritual orientation.
4. Engage in physical exercise.

#### 1. TALKING THROUGH YOUR OWN PROBLEMS WITH A SUPERVISOR

Owning the problems that are troubling you and talking them through with your supervisor or another counsellor is certainly a good approach. By doing this the problems

**We need to be ready when the phone rings**





**Figure 33.2** The person calling for help

are not just put to one side but are worked through. This is particularly useful, because if you just put your own problems to one side without working them through then they are sure to re-emerge if the problems of the person seeking help are in some way similar. Working through them first is clearly the ideal.

## **2. SHARING YOUR PROBLEMS WITH A COLLEAGUE**

Unfortunately, in practice it is not always possible to talk through one's own problems prior to a telephone counselling session. It may, however, be possible to use a similar method to that described previously for face-to-face counsellors, but instead of telling the caller that you need to put aside

some troubling thoughts you could tell a colleague. It might be sufficient to say to another TC: 'I realise that I have brought with me some troubling thoughts about my family. I don't want to unburden them on to you because you may have needs of your own at this time, but I will talk them through with my supervisor later. Telling you that these thoughts exist helps me to put them to one side for the time being, so that I feel better prepared to answer the phone'.

## **3. USE OF RELAXATION, MEDITATION OR PRAYER**

The use of relaxation, meditation or prayer can be effective in helping a counsellor to feel more prepared for a telephone counselling session. We are all unique individuals and so what suits one person will not be appropriate for another. While some counsellors find the use of structured relaxation exercises helpful, others have learnt techniques for meditating. People who have religious beliefs often find it useful to pray to ask for help in preparing them to receive calls.

## **4. USE OF EXERCISE**

Engaging in physical exercise before a telephone counselling session can be helpful. People who enjoy exercising often find that they are able to feel good and to let go of troubling thoughts in this way. The alternatives are many and include jogging, playing golf, squash, tennis and swimming.

## **The caller's perspective**

Having dealt with the need for appropriate preparation by the counsellor, it is time to consider the caller's position. Callers are often anxious and uncertain about what to



expect. The act of picking up a phone and dialling a stranger can be worrying for some people. Some callers, being anxious, may have made a few false starts before finally dialling your number and waiting for you to respond. Consequently, the first few words and the way in which you, the telephone counsellor, speak to them are crucial.

## The initial contact

Most human beings tend to approach strangers with caution. We are wary and tentative in establishing relationships. Consequently, if a TC were to pick up the phone at its first ring and to talk quickly, the caller may feel threatened and be frightened away. We human beings approach each other warily and in our natural caution we draw back when someone tries to meet us at a faster pace than we find comfortable. We wonder if you have ever felt taken aback when you have called someone and they have answered the phone before you have heard it ring?

**The way the phone is answered is certain to have an immediate influence on the caller**

We need to be careful to meet the caller at an appropriate pace, so remember to be calm and relaxed so that the process of joining occurs naturally. We find that picking up the phone after two or three rings and answering caringly in a way that is warm and non-threatening is useful. At Lifeline centres, TCs often start by saying: 'Hello, this is Lifeline. Can I help you?' The words are important and so is the tone and pace. The voice quality needs to be calming and inviting without being gushy.

## Responding to 'prank' callers

Some callers, particularly children, may initially behave in a way that suggests that the call is a prank call (see later in this chapter regarding nuisance calls). However, we need to be careful not to respond inappropriately to such callers, because their behaviour may be their way of attempting to access the counselling service and to test the counsellor's acceptance of them. It is important that all callers are treated with respect. By doing this it is sometimes possible to achieve a useful counselling conversation in calls that initially appear to be pranks.

## Continuing with the call

After the initial contact, the process of building a trusting relationship gets seriously under way. Inappropriate responses or inappropriate timing may result in the caller hanging up rather than continuing to talk. The counsellor needs to be tentative, and to recognise and make allowance for the caller's hesitancy. They need to explore cautiously what is safe for the caller and what is not. They have to listen intently and to use all their skills and judgment in an effort to build a comfortable non-threatening relationship



so that the caller is empowered to talk freely. The counsellor has to maintain such a level of empathic understanding and warmth that the caller will become more at ease rather than be scared away. With some callers this is no problem, but with others, as explained before, the simple act of picking up the phone has in itself been a difficult step. Too much talking by the counsellor is sure to push the caller away, as is too much silence. Yes, telephone counselling is difficult! It involves knowing when to be verbally active, and when to draw back and to listen in silence. Judging the needs of the caller and responding empathically without intruding are what is required.

## Hang-ups

One of the advantages of seeking telephone counselling rather than face-to-face counselling is that a caller can easily opt out at any time without embarrassment. Inevitably some callers who are not used to calling telephone counsellors are likely to hang up prematurely in their first attempts to engage in such a counselling process. Don't despair when a caller hangs up, because it is inevitable that this will happen from time

**ALL telephone counsellors experience hang-ups—so don't take this personally!**

to time. Even so, every experienced TC knows how demoralising it can be to lose a call. When it does happen, remind yourself that the caller may have achieved a minor goal by learning that they can cope with picking up the phone, dialling the number and starting to talk. Having made what for them may have been a big step, they may then be able to phone back later to talk for longer. If you are becoming worried by callers hanging up, we suggest that you talk through the issue with your supervisor.

## Staying focused

Telephone counselling often requires a high level of concentration with intense listening. Frequently, distressed callers will talk quietly and consequently be difficult to hear. For new counsellors, there may seem to be too many things to attend to at the same time. The counsellor needs to listen to the spoken words, identify the emotions underlying them, understand or picture the caller's situation, attend to the process of the call, and make suitable responses. Telephone counselling certainly is very demanding for a counsellor, but it can also be very satisfying for counsellors who sensibly and properly attend to their own personal needs (see Chapter 41).

## Skills needed

The counselling micro-skills described earlier are all needed in telephone counselling just as they are in face-to-face counselling. On the macro scale, the process of a telephone counselling call will be very similar to the process of a face-to-face counselling session



as described in Chapter 15. However, there are some differences at both the micro and macro level. Let us look at each of these in turn.

### USE OF MICRO-SKILLS

In telephone counselling, all the micro-skills described previously are required. However, in using these skills special attention is required to compensate for the lack of visual and other non-verbal information. The caller can't see your face, your facial expression or your body posture. In our day-to-day communication, the words we say are moderated, amplified or changed in other ways as a consequence of the non-verbal behaviour that accompanies the words. For example, a counsellor may add emphasis to what they are saying by leaning forward as they say it. A caring expression may reassure the person that what the counsellor is saying isn't meant to be hurtful to them although it may be confronting.

**The caller only has your verbal cues to let them know you are still listening**

Telephone counsellors need to compensate for the lack of non-verbal cues by adding tone and expression to their voices over and above what would ordinarily be required in face-to-face contact. Additionally, whereas a face-to-face counsellor can listen in silence at times, it is important that in telephone counselling the counsellor should regularly give verbal cues that listening is still occurring. Obviously this shouldn't be overdone, but it is reassuring for a caller to hear minimal responses such as 'ah-ha', 'yes', 'mm' coming in response to their own statements. At times during personal telephone calls to friends or family, have you ever had to ask 'Are you still there?' because the other person has been listening silently? Most people find it disconcerting when they get little or no response while talking to someone on the phone. Certainly, in the counselling situation it is important for the caller to know that the counsellor is still there, and listening intently.

Similarly, the TC can't see the caller and will sensibly need to check out with the caller information that would, in a face-to-face session, be obvious from the appearance of the person. In a prolonged silence it may be appropriate to ask, 'What is happening for you right now?' If you suspect that your caller is crying but are unsure, it may be worth waiting for a while and then saying in a quiet, caring tone of voice, 'You sounded very sad as you spoke and I am wondering whether you are starting to cry'.

### A MACRO VIEW: THE OVERALL PROCESS

The process of a telephone counselling call can often be described by the flow chart shown in Figure 16.1 (see page 152). Clearly each call is different, but it can be helpful to recognise, and if necessary influence, the stages through which the call progresses. For example, it can be advantageous to recognise when it is sensible to move from the 'active listening' stage into the later stages. When doing this a counsellor needs to



trust their gut feelings, to be sensitive to the caller, and to be able to recognise whether the overall process of the call seems to be meeting the caller's needs. It is there that experience and supervision are useful.

### **INFLUENCING THE PROCESS OF A CALL**

While you are attending to the caller, take time to recognise where the call is heading and if appropriate, make decisions with regard to the process. For example, it is not going to help a chronically depressed caller if you continue 'active listening' for too long, particularly if you are reflecting feelings and negative thoughts. In fact you may well succeed in helping the caller to move further down into a trough of despair! Recognise the time to move on and to start using skills which address thoughts and behaviours (see Chapter 31).

It is important, as described in the earlier part of this book, to follow the direction the caller chooses and generally to meet the caller's agenda in preference to your own. However, these guidelines are not inflexible rules and need to be seen in the context of the whole call, the caller's situation, the policies of the counselling agency, and the counsellor's own goals for the counselling process.

In our view a caller is more likely to feel helped if some progress is made in the call towards an increased awareness such that there is a likelihood of adaptive change occurring for the caller. To achieve this, the TC may at times have to influence the direction and process of the call. Don't forget, however, that change usually occurs through increased awareness rather than through the counsellor pushing for change (see Chapter 26 on facilitating action).

If a caller is repeatedly going through the same material, then it is appropriate to raise their awareness of that process by directly confronting it (see Chapter 19). It will often be useful to tell the caller what you notice is happening in a call. For example, a counsellor might say to a caller who suffers from chronic depression, 'I notice that you seem to be becoming overwhelmed by depression'. Once the process has been identified, then the TC has the opportunity to move the call into a new stage. For example, the counsellor might move into the stages where the emphasis is on thoughts (see Figures 16.1 and 16.2) and might use an exception-oriented question from Solution-Focused Counselling as described in Chapter 22. The counsellor might ask, 'Was there ever a time when depression didn't overwhelm you?' This question might be followed by asking, 'What was different then?', or 'So there was a time when you knew how to beat your depression?', and 'Is there anything that you could do now that would be similar to what you did before when you had some control over depression?' We have used the example of depression because most telephone counselling centres receive a significant number of calls from those people who are troubled by chronic depression. Such people often need to have medical or psychiatric help and it is important to raise



*solution. Occasionally callers would make it clear that they wanted a longer counselling interaction. In these instances, Super-TC would say to the caller: 'It's clear to me that you have a quite serious psychological condition. You need to make an appointment immediately to see either a face-to-face counsellor or, better still, a psychiatrist.'*

At times, particularly when tired, it is easy for a telephone counsellor to inadvertently start behaving in some ways like Super-TC. No one is perfect. It is always tempting to provide a quick solution rather than to suffer the emotional pain of listening to someone else who is suffering. Of course, there are times when it is appropriate and responsible to refer a caller to others. Generally, however, before doing that, it is preferable to allow the caller to deal with their emotional issues in the 'here and now'. Often when this is done a referral will not be necessary.

Some TCs, who have trained specifically for working on the phone, believe that face-to-face counsellors are necessarily more competent than they are, with the consequence that they will refer to face-to-face counselling before helping the caller fully by using the normal counselling skills and processes. Unfortunately, we professional face-to-face counsellors, social workers, psychologists and psychiatrists vary in our competence. Yes, it is appropriate to refer on when you are out of your depth, and it is unethical and irresponsible not to do so. However, give your callers the opportunity

**When in doubt  
consult your  
supervisor**

to explore their pain fully with you on the phone if that is what they would like to do, in addition to giving them an onward referral if necessary. If you are unsure about what you are doing, we suggest that you might like to talk to your supervisor.

Unfortunately, Super-TCs are likely to disempower their callers. By finding solutions for them the callers may have their worst fears confirmed by the implied message: 'You are not capable of running your own life and making your own decisions. You need someone else to tell you what to do'. There are times in our lives when we do need someone to tell us what to do, but usually human beings of normal intelligence prefer to make their own decisions, and can feel good about themselves if they are empowered through the counselling process to do so. If counselling has been really effective, an empowered person who has talked with a counsellor might think: 'Counselling wasn't much help, the counsellor didn't tell me what to do, instead I made my own decision. I am an OK person and can run my own life'.

It is clear that finding solutions for other people is usually not helpful. However, it can be very useful indeed to help people to find solutions for themselves. In this regard readers might wish to use the solution-focused skills described in Chapter 22.

**MAKING NOTES DURING THE CALL**

It is not easy to give a caller your full attention and at the same time to pay attention to the process of the call so that you can facilitate appropriate changes in that process



if necessary. A high degree of concentration is required and it is easy to become distracted and to forget important information. To avoid losing information, and to help in more fully understanding a caller's situation so that you can see their picture more clearly, it can be useful to make notes during a call. Some telephone counsellors add sketches as the call proceeds and find that this helps them to focus on the caller more intently.

If a caller is talking about family problems then it can be useful for a telephone counsellor to draw the family tree in the form of a genogram. Figure 33.3 is a simple example of a genogram. Genograms can be useful in helping the counsellor to more fully understand the caller's background.

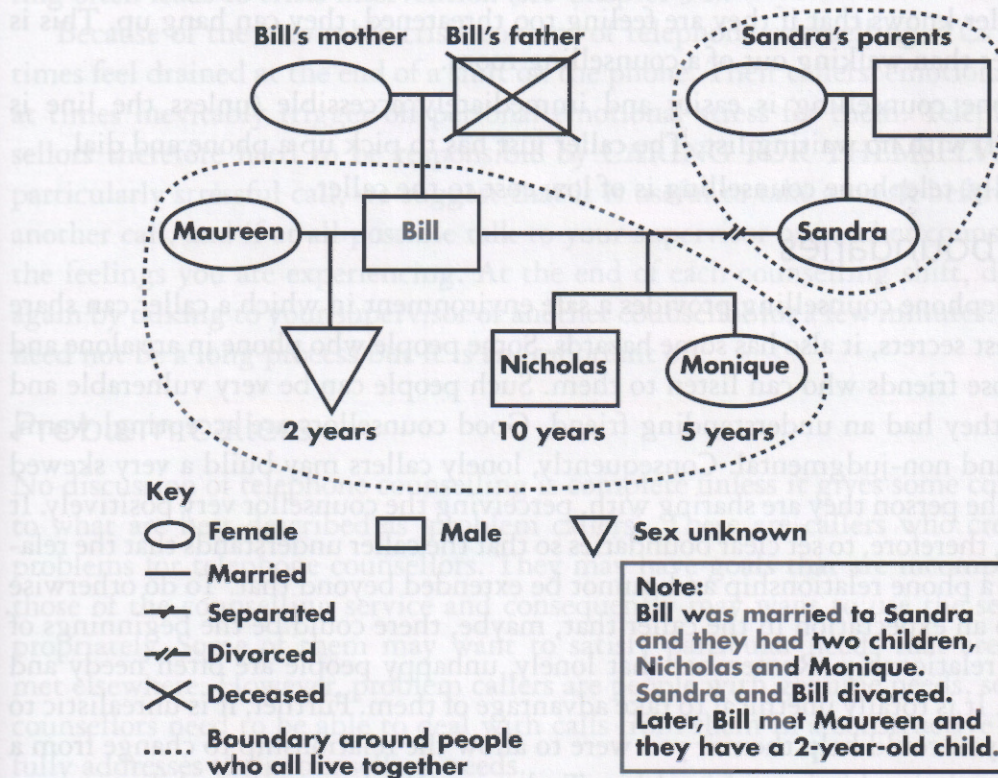


Figure 33.3 Genogram

### USING YOUR IMAGINATION

As a telephone counsellor you can't see the caller, but you can, if you choose, imagine them. While they are talking, you can construct a visual picture and imagine yourself in the caller's position and situation. If you do this you may be able to experience more fully what it is like to be the caller and consequently be able to respond with non-judgmental empathy.



**Telephone counselling can help people who might not be willing to come to face-to-face counselling**

## Advantages of telephone counselling

We have made the point previously that in our opinion telephone counselling is more difficult than face-to-face counselling. It is, however, an extremely valuable form of counselling. Some people who would never come to a face-to-face counselling interview will use the phone. From the caller's perspective, telephone counselling offers the following advantages.

- It is safer for the caller because they can if they wish protect their anonymity. This may help them to feel less concerned about the consequences of sharing private thoughts and emotions with a stranger.
- The caller knows that if they are feeling too threatened, they can hang up. This is far easier than walking out of a counselling room.
- Telephone counselling is easily and immediately accessible (unless the line is engaged) with no waiting list. The caller just has to pick up a phone and dial.
- Generally, telephone counselling is of low cost to the caller.

## Setting boundaries

Because telephone counselling provides a safe environment in which a caller can share their deepest secrets, it also has some hazards. Some people who phone in are alone and have no close friends who can listen to them. Such people can be very vulnerable and may wish they had an understanding friend. Good counsellors are accepting, warm, empathic and non-judgmental. Consequently, lonely callers may build a very skewed picture of the person they are sharing with, perceiving the counsellor very positively. It is essential, therefore, to set clear boundaries so that the caller understands that the relationship is a phone relationship and cannot be extended beyond that. To do otherwise is to set up an expectation in the caller that, maybe, there could be the beginnings of a personal relationship. Remember that lonely, unhappy people are often needy and vulnerable. It is totally unethical to take advantage of them. Further, it is unrealistic to think that you could help them if you were to allow the relationship to change from a counselling relationship into a friendship. To do so would damage their ability to trust the counselling process as a safe one that they could use in the future.

## Debriefing

Debriefing is a process used to enable counsellors to let go of the emotions that they inevitably experience as a consequence of listening to a distressed person.

If a counsellor said to you, 'I'm an experienced telephone counsellor—I don't need to debrief because calls from people seeking help don't trouble me', would you believe them?



All counsellors, however experienced, need to debrief, especially after particularly stressful counselling sessions. Although we are both experienced professional counsellors, we make it a regular practice to debrief after difficult or emotional counselling sessions. If we were not to do so, the service we provide would inevitably become less effective and we would suffer burnout symptoms.

Telephone counsellors are particularly vulnerable to the emotional after-effects of their counselling work. It is common for people in acute crisis to reach for the telephone to seek help. Consequently telephone counsellors frequently receive calls from people who are in extreme distress and/or panic. Not surprisingly, telephone counselling often leads to crisis intervention (see Chapter 34).

**Telephone counselling can be stressful for the counsellor**

Because of the inevitable crisis content of telephone counselling, TCs will sometimes feel drained at the end of a shift on the phone. Their callers' emotional pain will at times inevitably trigger off personal emotional stress for them. Telephone counsellors therefore need to be responsible by CARING FOR THEMSELVES. After a particularly stressful call, we suggest that it is useful to take a break before accepting another call, and if at all possible talk to your supervisor or another counsellor about the feelings you are experiencing. At the end of each counselling shift, debrief once again by talking to your supervisor or another counsellor for a few minutes. Debriefing need not be a long process but it is an important one.

## Problem callers

No discussion of telephone counselling is complete unless it gives some consideration to what are best described as 'problem callers'. These are callers who create special problems for telephone counsellors. They may have goals that are incompatible with those of the counselling service and consequently may want to use the service inappropriately. Some of them may want to satisfy particular needs that are not being met elsewhere. However, problem callers are people with genuine needs, so telephone counsellors need to be able to deal with calls from them in a constructive way which fully addresses their counselling needs.

Most problem callers fall into one of the following categories:

1. nuisance callers
2. regular callers
3. callers who are troubled by chronic depression
4. sex callers.



## 1. NUISANCE CALLERS

Inevitably there will be people who will call in to telephone counselling services with the aim of causing annoyance, or maybe of getting a laugh at the telephone counsellor's expense. Some of these will repeatedly ring up and then hang up, others will be openly abusive, and there will be those callers who make hoax calls. Sometimes angry or abusive callers will repeatedly knock the phone or slam it down. Such calls will naturally tend to make the counsellors receiving them feel frustrated and annoyed. We need to point out that it is *normal* to be frustrated, annoyed and possibly angered by such behaviour. Counsellors are human beings and as such we have our own legitimate emotions. Somehow though, we need to deal with our frustration, annoyance and anger, so that we can feel OK and are ready and able to deal appropriately with these calls and with subsequent calls.

The best way of dealing with emotions resulting from nuisance calls is to talk with someone about them. If this is not possible then we suggest that you might like to try to alter the way you think about the caller so that you are more able to be constructive in dealing with them. Can you think of the nuisance caller not just as an annoyance but also as someone whose needs are not being fulfilled in an adaptive way that enables them to have a satisfactory and fulfilling life?

The reality is that any person who finds it necessary to harass a telephone counselling service most probably has a very unsatisfactory and unfulfilled life. Could you be bothered to phone in to a counselling service just to be a nuisance? Neither of us could; we have much more satisfying ways of spending our time.

Here are some suggestions as to why some people make nuisance calls:

- They may be angry and unable to express their anger in a constructive and adaptive way.
- They may be frustrated with life and not know how to deal with their frustration except by annoying others.
- They may be bored and lonely.
- They may be young people engaging in what for them is harmless fun. They may also want to impress friends by 'playing a joke' on a counsellor.
- They may be young people 'taking risks' or acting impulsively but in a reasonably normal developmental way.

**Nuisance callers also have problems and need to be valued**

● They may be people who are testing the service before deciding whether or not to talk about more serious issues.

All of these people have problems in their lives and are searching for something they cannot find. If you are able to think of nuisance



callers as people dissatisfied with their lives who are hurting inside, then you may be able to develop constructive strategies for dealing with them. We don't believe that there can be one correct way of responding to such callers because they are all different. What we try to do is to decide what, if anything, can be achieved when in conversation with such callers. We ask ourselves whether any of the following goals are realistic:

- to let the caller know that they are a valued individual
- to encourage the caller to talk about their real issues
- to let the caller know why we believe that what they are doing is destructive
- to let the caller know how we feel
- to decrease the likelihood that the caller will repeat their nuisance-calling behaviour
- to deal with the underlying issues that result in this unwanted behaviour.

Can you think of other suitable goals? If you are able to remember your goals, then you may be able to deal with such callers constructively and effectively.

At all times, remember that it is not a part of your role as a telephone counsellor to be abused. You have a right to tell any abusive caller that you will not listen to abuse and to hang up if that is what you consider to be most appropriate. Of course, there are times when counsellors deliberately choose to listen to the abuse of an angry caller in order to allow such a caller to vent their anger and then to move on to dealing with constructive issues.

As a counsellor, although the choice about whether to hang up or not will be influenced by the policies of the agency in which you are working, it is ultimately your choice, and you have a right to hang up if that is what you choose to do.

## 2. REGULAR CALLERS

All telephone counselling agencies have problems with those callers who repeatedly call in over a long period of time. Some of these callers have genuine needs that can be appropriately met by counselling. However, many regular callers re-run the same story over and over again. Others try to engage the counsellor by using a variety of different names and stories, often with an underlying theme to their stories.

Regular callers can cause a considerable problem for telephone counselling agencies because they take up valuable time that could be used in working with other callers. Also, they are likely to cause disillusionment and increased burnout in counsellors. Agencies that employ many counsellors have particular difficulty in dealing with regular callers because their counsellors are sure to find it difficult to recognise the regulars.



Although there are exceptions, we do not think that it is helpful to allow regular callers to talk at length. To do this disadvantages other callers. Also, regular callers are more likely to dig themselves deeper into their regular caller's rut if they are permitted to talk for an extended length of time. Unfortunately, some regular callers are very adept at manipulating counsellors because they are experienced in talking to a counsellor. In this regard, regular callers commonly use a range of statements with the goal of convincing the counsellor that they should continue to listen. These include:

*'You seem to really understand me.'*

*'No-one has ever been able to get close to me this way before.'*

*'You are such a warm person that I feel so comfortable talking to you.'*

*'I think I'll kill myself now.'*

*'I just need to ask your opinion about one more thing.'*

*'Other callers are much more important than me.'*

Many telephone counselling agencies have lists of regular callers giving details to assist counsellors in recognising the regulars, and also to give guidelines for handling these calls. If these callers do not receive consistent responses from counsellors then their best interests are not served and additionally they may cause a problem for the agency. It's sensible to make clear decisions when handling such callers so that their real needs are met and they feel valued as people, and also so that they do not disrupt the service to the disadvantage of other callers.

Most agencies set time limits for calls from regular callers, but terminating calls from some of them can be difficult. You may need to be very assertive (see Chapter 12).

Regular callers can be frustrating and annoying at times, but we would like you to consider them from another perspective. Regular callers are often sad, unfulfilled people who would not call in if they were able to lead satisfying lives. Among them are the chronically sick, the mentally ill, people with disabilities, lonely people, people who are grieving heavily as a consequence of broken or lost relationships, the chronically depressed and people with significant past histories of abuse. They are all different from each other and unique as individuals. They each have their personal needs and deserve to be treasured in the same way that other callers are treasured. They have a right to receive care and counselling.

David will now describe some examples of regular callers who have been known to him.

### **Caller 1**

Some counsellors at a particular telephone counselling agency felt that they were wasting time listening to an old lady who phoned in several times each day. Then one day a woman phoned to say that the old lady was her mother and that she had died.



The woman said that she was phoning to tell the counsellors how much her mother had valued the warmth and caring they had offered her during the last few weeks of her life.

### **Caller 2**

One day I met face-to-face with a seriously depressed regular caller who was boring TCs with his monotonous conversation. I was confronted by a sad, disfigured and disabled person who had no friends and was avoided by strangers. He had little chance, if any, of improving his lifestyle. He could hardly stand or walk, his speech was impaired, his conversation was uninspiring, and he had barely enough income from his pension to survive. He lived alone. Almost his only human contact was by phone with the telephone counsellors who cared enough to listen.

### **Caller 3**

Once, to my surprise, a capable telephone counsellor who was well known to me confided that before becoming a TC she had for a time been a regular caller herself during a very difficult period in her life. Thanks to the counselling process she had been enabled to deal with her problems and to climb out of her trough of despair. She was now helping others.

These examples are, we believe, not unusual. Regular callers are valuable people and require patient caring, although sometimes it is not easy to be either patient or caring when counselling them. It's easy to say, 'Oh, she's a regular caller, and I really don't want to listen to her'. It's harder to say, 'This is a challenge. Can I work with this caller in a way that will be satisfying for them and for me?'

If you are going to get satisfaction from helping a regular caller then you will need to be clear about your goals for each call. You will also need to be direct in telling the caller clearly what to expect from you. For example, you may say, 'Frank, I'm happy to talk with you for 15 minutes but then I would like to hang up so that other callers also have the opportunity to call in'. By doing this you are being up-front and can use the call caringly and constructively to achieve a goal. Here are some possible goals:

- to raise the caller's awareness of their 'cracked record'
- to help the caller to recognise options
- to empower the caller to do something different, however small
- to help the caller to feel valued
- to provide a listening ear for someone lonely.



Can you think of other goals?

Counselling goals listed in Chapter 31, 'Counselling those troubled by depression', may also be appropriate.

### 3. CHRONICALLY DEPRESSED CALLERS

A high percentage of regular callers fall into the chronically depressed category, so we have decided to give them special mention. These people have very sad lives and call for a high level of caring from those who counsel them. Strategies for counselling them are in some ways the same as, but in some ways different from, those used in general counselling. Telephone counsellors therefore need to have appropriate strategies for working with such callers. Some of these strategies are described in Chapter 31.

### 4. SEX CALLERS

Unfortunately, telephone counselling agencies are frequently troubled by callers who want to use counselling services to satisfy their sexual needs. In our experience almost all of these callers are male and generally they only want to talk with female counsellors. They will either recount a story with a high level of sexual content or may be direct in asking the counsellor if they may masturbate while talking.

It is probable that many of these callers are obsessed by sex and have little or no chance of building a satisfying relationship with a partner. For others, sex may be an escape from the reality of a very unsatisfactory life and they may believe that they have no options to enable them to change their lives. We suspect that many of these men lack respect for women and have psychological problems related to their relationships with them.

We can see no justification, regardless of circumstances, for male callers to attempt to use female counsellors for their own sexual gratification. For them to do this is sexual abuse, and it can be dealt with as such. However, counsellors need to be careful in assessing whether a caller is a nuisance 'sex caller' or not. There are callers who genuinely seek anonymous counselling help with regard to very personal sexual problems. Some of these would be too embarrassed to attend a face-to-face counselling session and may even be hesitant about talking to a telephone counsellor. Clearly they need counselling help, even if only a sensible referral to a clinic or sex-counselling service. Unfortunately, it's hard to separate these genuine callers from the abusers. If a genuine caller is treated as though they are a sexually abusive caller, then their trust in the counselling process may be seriously damaged. We wish that we could tell you how to distinguish between the genuine and the non-genuine caller. We can't. We suggest that all you can do is to use your judgment, and if you think that a caller is using you to fantasise sexually or to masturbate, then confront him. If the confrontation is done caringly, as explained in Chapter 19, the caller's attitudes may be challenged and there is a possibility that they may seek appropriate help for dealing with their problem.



Obviously, sex callers have genuine psychological or life issues. If they didn't, then they wouldn't attempt to use telephone counselling services in such a way. Consequently, a caring counsellor might choose either to deal with the caller firmly but caringly or to be very abrupt and to hang up. Yes, we do believe that it can be caring to give very direct messages about the consequences of inappropriate behaviour. If you are abrupt and hang up, you are giving a clear message. Alternatively, you may decide to be explicit in telling the person how you feel about what they are doing, explaining that you intend to hang up, and in addition giving the caller an invitation to call back if they want to talk about real-life issues rather than using you as a sex object. However, it pays to be cautious or you may find the same caller pretending to tell you about 'real-life issues' while masturbating. There are some counsellors who will tolerate this. That is their choice, and if they are able to achieve worthwhile goals then their caring is to be admired. They need to be careful, however, on two counts: firstly, that they are not implicitly encouraging inappropriate behaviour that may be detrimental to other counsellors and, secondly, that they are not merely satisfying their own sexual or other needs. Here, supervision can be valuable in identifying the relevant issues.

Certainly, all counsellors need to be aware of their own personal rights and to know that they are fully justified in protecting themselves from abuse by refusing to listen.

## Creating comfortable closure of a telephone counselling call

Bringing a telephone counselling call to closure is an art, and if it is carried out expertly the caller will feel comfortable about hanging up, recognising that the call has come to a natural end. In order to achieve this result, the process of ending the call needs to be integrated into the conversation so that it occurs smoothly and is expected.

Generally, the process involved in ending a counselling call of average or longer length will follow a sequence of steps. These steps prepare the caller to expect that the call will soon end. Naturally, each call is different and what is appropriate for one call will not fit another. Here are some recommended steps that can be used when ending a call:

1. Decide when to finish a call.
2. Warn the caller that the time to finish is approaching.
3. Summarise the call.
4. Give the caller some positive feedback.
5. Take control.
6. Tell the caller that you are going to finish the call.



7. Invite the caller to phone back if appropriate.
8. Say 'Goodbye' and hang up.

We will now discuss these steps in detail so that you can use them as a guide if you wish. However, remember that you are a unique individual and will need to develop your own way of ending calls.

### 1. DECIDE WHEN TO FINISH A CALL

As you know, there can be no standard rule about how long a telephone counselling call should be. However, we don't believe that it's useful to let calls continue after useful work has finished. If the call is losing energy, or not making constructive progress for the caller, then it's time to move towards ending the call or to look for different strategies so that the call regains its usefulness. Generally, we find that it is not helpful to allow calls to continue for longer than one hour at the most, although occasionally there will be exceptions to the rule.

We think that it is worth mentally evaluating what is happening in a call if it is still continuing after about 45 minutes. A decision can then be made about how to influence the process of the call so that the remaining minutes are useful to the caller.

### 2. WARN THE CALLER THAT THE TIME TO FINISH IS APPROACHING

As with face-to-face counselling, it's a good idea to warn a caller in advance that the counselling session or call is nearing its end. When you sense that it is appropriate, you may wish to say something like: 'I realise that we have been talking for a while now and hope that we have covered some useful ground together. I would like to finish our call within the next few minutes, and wonder whether there are some important things that you would like to say before we finish talking together'. This statement gives the caller an opportunity to deal with anything pressing that has been omitted. The caller is also prepared for the impending closure. Notice that the statement is clear and owned by the counsellor: 'I would like to finish our call'. You may not be comfortable using this style and that is OK, because you are different from us. Personally, we like to let the caller know our expectations rather than be indirect. The message is then clear and the caller can deal with it in any way they think fit.

Having warned the caller that the call is nearing its end, the caller may take the opportunity to bring in new material. A judgment is then needed as to whether to deal

**It is best to give a clear message in preparation for the ending of a call**

with that material in the current call or whether to say to the caller something like: 'You have now raised some important new issues and I think that they need to be considered carefully. Maybe you would like to phone back another time to talk through those issues. However, today I think that we should try to summarise those things that we have talked about and then finish our conversation'.



### 3. & 4. SUMMARISE THE CALL AND GIVE POSITIVE FEEDBACK

If the caller doesn't raise new issues, then you, the counsellor, have the opportunity to move into summarising the content and possibly the process of the call. An example of a process statement included in a summary might be: 'I notice that you seemed to be very distressed at the start of this call when you were discussing ... and I get the impression that you are now more confident of your ability to handle the situation'. Notice that in this statement the caller receives positive feedback.

**Many callers will not have received positive feedback from anyone**

Wherever possible give your caller positive feedback, because people in crisis often do not feel good about themselves and may not be getting positive feedback from others. Sometimes it is hard to think of something positive to say, but it is rare not to be able to find something if you join with the caller effectively. Be careful, however, to ensure that the feedback you give is credible. Here are some examples of positive feedback:

*'I am impressed by the way that you have been able to think through the issues and come to some decisions.'*

*'I have heard how you have struggled on your own against many difficulties. You strike me as a fighter; someone who doesn't give in easily.'*

*'I think that you are remarkable to have done as well as you have when I take into account the negative messages you have received from your family. You must have a lot of internal strength.'*

*'In spite of the personal setbacks you have suffered, you have persisted in your efforts to do the best you can. I think that you've done well.'*

We do need to recognise that there will be times when a caller will still be experiencing a level of painful emotion at the end of a call. For example, it is not reasonable to expect that the counselling process will take away the sadness of a person who has lost a loved one. In a case like this, the counsellor might close the call by summarising and inviting the caller to call back: 'You are going through a difficult time having suffered a terrible loss. My guess is that you will need to talk to someone from time to time, so please feel welcome to call back'.

### 5. TAKE CONTROL

Having given the caller some positive feedback, or having invited them to call back, it is now time for you to take control in order to create a comfortable end to the call. This can often be quite difficult and is often more difficult than bringing a face-to-face counselling session to a close. In the face-to-face session, as discussed previously, it's possible for the counsellor to stand up and to move out of the room, giving clear signals that the session is over. These non-verbal signals are not available to the telephone



**Usually it is helpful for the counsellor to take responsibility for ending the call**

counsellor. Moreover, we human beings are conditioned to believe that it is bad manners to assertively break off a conversation, particularly if the other person would really like to continue.

Some people love to talk and would happily keep you on the phone for hours. Others just do not know how to close off a conversation. With both types of people it is important to be clear and assertive.

### **6.-8. CLOSING THE CALL**

Take control! Tell the caller that you intend to finish the call now and at the same time reassure them that it is OK if they want to phone back. It is very important to do this, because some callers feel guilty about taking up a telephone counsellor's time and say things such as: 'There must be other people with much more important problems who need your help'. Such people need to be reassured that it is OK for them to ring up again.

When ending a call it is important to avoid asking a question or reflecting content or feelings, because if you do, the conversation is certain to continue. Instead, use a positive statement such as:

*'Thank you for sharing your personal difficulties with me. I have appreciated the way you have trusted me enough to be able to share so much. Please feel welcome to phone back if you think that I can be of help. Goodbye.'*

*'It has been good to talk with you about the issues that have been troubling you. I hope that you will feel free to call back another day. Goodbye.'*

*'I think that you were sensible to phone; everyone needs to talk about personal matters privately at times. Please call again when you need to. Goodbye.'*

Notice that the statements are clear and end with 'Goodbye'.

### **Learning summary**

- Telephone counselling is, in some ways, more difficult than face-to-face counselling because the counsellor has little non-verbal information.
- Telephone counsellors need to prepare themselves personally before taking a call.
- Skill in cautiously building a relationship is paramount or the caller may hang up.
- Hang-ups are inevitable and are not necessarily bad.
- All of the counselling micro-skills are important; however, minimal responses are particularly important in telephone counselling so that the caller knows that the counsellor is attending.



- The telephone counsellor needs to pay attention to the process of each call and if necessary will influence that process with the goal of increasing the caller's awareness.
- Each call can be thought of as one step in a flight of stairs being climbed by the person seeking help.
- The caller needs to be empowered to make their own decisions.
- Making notes and using the imagination helps to bring the caller's situation into focus.
- Telephone counsellors need to set clear limits with regard to their relationships with callers.
- Telephone counsellors need to debrief after troubling calls or they will burn out.
- Nuisance callers, regular callers, chronically depressed callers and sex callers can create difficulties for TCs and appropriate strategies are required for counselling each of these.
- When closing a call it is not usually helpful to ask questions or reflect content or feelings.

#### FURTHER READING

- Rosenfield, M. 1996, *Counselling by Telephone*, Sage, London.
- Sanders, P. 2007, *Using Counselling Skills on the Telephone and in Computer-Mediated Communications*, 3rd edn, PCCS, Ross-on-Wye.

#### NATURAL DISASTER

TV news has made us all very familiar with the practical type of crisis with physical and emotional consequences that occur when a volcano erupts, there is a bullet, a flood, an earthquake or when lightning strikes. Sometimes the effects of natural disasters are long-lasting. A drought can cause famine, and the effects may last for years unless there is an effective and timely response. Unfortunately, as with other crises, natural disasters usually occur with little or no warning.

#### ACCIDENTAL CRISES

These crises inevitably occur from time to time. Examples are when a building catches fire, when two cars collide, or when a child falls down from a height. In the case of accidental crises there is a loss of life.



# Chapter 34

## Crisis intervention

What comes into your thoughts when you think about the word 'crisis'? We suggest that you might like to stop and think for a moment to explore your own ideas about 'crisis'.

Our guess is that your thoughts might have included remembering a disaster that affected other people or you might have remembered a time when you were confronted by a traumatic experience of your own.

Here are some of the feelings and thoughts that many people associate with the word 'crisis':

- panic
- fear
- horror
- help
- I can't cope with this
- I don't know what to do
- I need to do something in a hurry
- if I don't act quickly there will be a bigger disaster, and
- more panic!



## Differing views of crisis

Crisis situations are situations of high risk. In a crisis, something is happening or has happened to abruptly change the participant's perception of a safe and ordered world. It is as though the bottom brick in a column of bricks is being pulled away so that the whole column will collapse. However, there is another and very different perspective on the appraisal of a crisis which we will consider later under the heading 'The dangers and value of a crisis'. Can you think what it might be? Firstly, however, let's think about the various types of crises that people typically experience.

## Types of crises

There are several very different types of crises. Although they are different, they also have similarities. They all raise the stress level of the person or people involved and call for a quick response in order to minimise practical, emotional and psychological damage.

You may wish to stop reading for a moment or two to see whether you can identify for yourself the different types of crises that people experience.

We are all familiar with crises which fall into the following categories:

- natural disaster
- accidental
- medical
- emotional
- relationship
- developmental.

These categories are not mutually exclusive or independent of each other, but are useful in helping us to think about the similarities and differences of various types of crises. We will now consider each of the categories listed.

### NATURAL DISASTER

TV news has made us all very familiar with the practical type of crisis with physical and emotional consequences that occur when a volcano erupts, there is a bush fire, a flood, an earthquake or when lightning strikes. Sometimes the effects of natural disasters are long-lasting. A drought can cause famine, and the effects may last for years unless there is an effective and timely response. Unfortunately, as with most crises, natural disasters usually occur with little or no warning.

### ACCIDENTAL CRISES

These crises inevitably occur from time to time. Examples are when a building catches fire, when two cars collide, or when a child falls down some stairs. In the worst accidental crises there is a loss of life.



Obviously, these crises occur without warning, with the consequence that those involved are not properly prepared and are often not able to make the most appropriate response.

### **MEDICAL CRISES**

Some medical crises fall into the 'accidental' category. However, many do not. Medical crises occur when people have strokes, heart attacks, fits, asthma attacks or any of the many medical conditions that afflict the human race. Similarly, medical crises occur when people are incapacitated by illness. A migraine headache, for example, may prevent a person from doing those things necessary for their own wellbeing and the wellbeing of others.

Other examples of medical crises are when a woman delivers a baby unexpectedly and there is no-one around to help, or when there are complications with a birth. Similarly, a crisis occurs when a baby becomes sick or when there are problems with feeding a baby.

Medical crises are often very frightening because of high personal involvement at a physical, emotional and psychological level. As with accidental crises, in the most severe cases there can be loss of life.

### **EMOTIONAL CRISES**

An important and valuable human characteristic is our capacity to be emotional. If we were deprived of our emotions we would be automatons—mere machines. Unfortunately, at times the emotions we experience are painfully destructive and prevent us from functioning normally. Rage, sadness, depression and despair can all lead to states of crisis where the individual may be at risk.

### **RELATIONSHIP CRISES**

Anyone who has worked for a telephone crisis-counselling service will tell you that relationships are a common factor underlying many crisis calls. Dysfunctional relationships, broken or lost relationships, and the absence of relationships are probably the most common causes of emotional crisis. However, we are separating 'relationship crises' from other more general 'emotional crises' because this is such an important sub-category.

Time and again people experience crisis when relationships are strained, break up, or are lost through death or unavoidable separation. Often, spouses feel devastated and as though their whole world has collapsed when they discover that their partner is having an extramarital affair. Similarly, those involved in having an affair usually experience a high degree of emotional pain.

Sometimes people experience profound disappointment due to the behaviour of those who are in close relationships with them. Parents are particularly vulnerable to



such feelings. Time and again, parents have told us how disappointed and sometimes devastated they were when they learnt that their child had been caught stealing or behaving in some other way contrary to their own expectations.

Unfortunately, too often in our present society relationship crises involve physical violence, usually with women and children as the victims. Counsellors are continually hearing about emotional, sexual and physical abuse occurring within families, which should provide a safe and secure environment.

## DEVELOPMENTAL CRISES

There are some crises that none of us escape. These are the developmental crises that occur naturally and inevitably as we pass through the various developmental stages of our lives.

For most people the first developmental crisis is probably at the time of birth. However, for some there could well be earlier ones when, for example, sudden changes occur within a mother's body. From birth onwards the list of developmental crisis times is endless. Here are a few examples:

- when a child takes a first step
- the first day in child care
- starting school
- the onset of puberty
- starting work
- leaving home
- living with a partner
- getting married
- having a child
- death in the family
- separation
- mid-life crisis
- divorce
- starting again with a new partner
- retiring
- growing old
- dying.



At each of these stages there is risk involved, a raised stress and anxiety level is inevitable, and there will probably be other emotional responses. Often, there is a need for appropriate decisions to be made with consequent action.

There is an inevitability about many developmental crises. They are often a natural and necessary part of growing up and getting older. However, each crisis can be threatening, calls for a response and marks the beginning of a new stage in life.

## The dangers and value of a crisis

Most crises spell danger. They are fraught with risk. They shake us up and interrupt the comfort of our lives. They call for responsive action and usually this needs to happen without delay. However, crises are not necessarily bad. Although they usually do have emotional consequences, there is another way of looking at crises. A time of crisis may also be a time of opportunity. The impact of a crisis often produces an opportunity for change. A crisis can be the catalyst for the development of something new. It can be a time when we let go of what has been and start afresh.

Surprisingly, even from the most terrible tragedies something of value may emerge. Saying this in no way diminishes the sadness and horror of tragedy, but it is worth remembering that, given an appropriate response, something new and worthwhile may grow out of a tragedy. A person may grow stronger psychologically or spiritually, relationships may change for the better, or something in poor condition and of limited use may be replaced by something more useful. Unfortunately though, many people are permanently scarred by the crises that they have experienced.

**A time of  
crisis may also  
be a time of  
opportunity**

A good metaphor for a crisis, which can sometimes be used when counselling, is to describe the crisis experience as rather like going through a doorway from one room into another. If you imagine yourself moving through a doorway between two rooms, you may recognise that you are leaving behind many of the things in the room you are leaving, although you may be taking some things with you. In the new room there will be some unknowns. Consequently, you may experience sadness at losing the things you are leaving behind. Also, you may experience apprehension as you wonder about what lies ahead in the new room. If you wish, you can focus on feelings of apprehension and this may be threatening. Alternatively, you may be able to give yourself some positive messages about the future so that you feel challenged and consequently energised.

In using this metaphor we need to remember that it is usually not appropriate to tell someone in crisis that something good might emerge! To do such a thing would usually be inappropriate and would not address the person's pain. However, as the person is starting to move out of a crisis, it may be appropriate to use the metaphor.



At this stage positive opportunities may present themselves, so that at the appropriate time these may be fully explored with the person seeking help.

It is also useful to remember that in some instances it may be premature and inadvisable for a person to make far-reaching decisions before they have had time to work through the trauma of a crisis. However, the converse can also be true. Sometimes, a crisis provides the opportunity and impetus for sensible and important decisions to be made.

## The counsellor's personal response

David remembers the time when he used to work as a crisis-line telephone counsellor. This is what he has to say about that time:

*Sometimes, with a suicidal caller, or when a woman with children was trapped in domestic violence, I would feel my hair standing on end. My body would tense, my palms would be sweaty, and I would realise that I was gripping the phone as tightly as I could. It was then that I would recognise my panic.*

*Panic induces the frightened rabbit syndrome. The rabbit freezes. It can't move and is consequently unable to protect itself or its offspring. Are you a frightened rabbit at times? I am! Rabbits can also run, and use their brains to avoid danger by changing direction. The first step in dealing with panic is to recognise the physical symptoms that indicate the onset of panic. I would usually notice that my whole body was tense.*

*How do you recognise your panic? The way to do this is to learn to recognise the messages your body gives you. Then you can easily recognise your frightened rabbit mode and consequently be able to deal with it. Once you have recognised your panic, you are in a position to do something about it.*

*The first thing I do is to say to myself, 'I'm panicking, and my panic is not helpful'. Next, I consciously relax my body. I loosen the tight grip I have on the phone (if I'm working on the phone). I move my body into a more comfortable position, take a few deep breaths and at the same time let my body relax a little as I breathe out. I follow this by discarding those internal messages and self-destructive beliefs that contribute to panic, and replacing them by internal messages such as:*

*'I don't have a magic wand.'*

*'Nobody else has a magic wand.'*

*'There are limits to what I can do.'*

*'If I stay calm I will be more likely to think sensibly.'*

*'The person who is seeking help is more likely to know the solution than I am.'*

*'Can I help the person to feel calmer and to have some degree of control so that they can use their resources most effectively?'*



*'What are the person's options?'*

*'What are my options?'*

*'What are the limits to what I am able to do?'*

*Hopefully, I am then able to attend to the person seeking help in an effective and caring way using appropriate counselling interventions.*

## Appropriate counselling interventions

What's appropriate at a counselling level will clearly depend very much on the nature of the crisis, and whether the counselling is face-to-face or by phone. For example, if a house is on fire and the person doesn't know what to do, then it will not be appropriate to spend time reflecting feelings. Practical advice is urgently required! Give it.

Yes, we counsellors generally try to avoid giving advice and instead encourage those who seek our help to make their own decisions. However, as with most rules, common sense is needed regarding when to apply the rule and when to do the opposite. Sometimes when quick action is needed, we have to be very direct in order to prevent a major disaster from occurring. Quick action does not mean acting in panic but means being carefully decisive and giving clear instructions.

If as a counsellor you find yourself panicking, then, once you become aware of this, take action to deal with the panic. Then sensible decisions can be made with regard to the most satisfactory approach.

Similarly, if a person seeking help is panicking they will be unlikely to respond effectively and act sensibly. The counsellor's first job in this situation may be to help the person to deal with the panic. A possible counselling response in this situation could be:

*'I'm catching the panic of this situation. Let's stop and think. Have you any idea what you could do right now?'*

What do you think of this response? It joins with the person, may enable them to recognise and deal with the panic, and addresses the need for action. It could be an appropriate response, depending on the situation. Can you suggest some other suitable responses?

Throughout a crisis intervention, try to maintain as much calmness as you can so that the person seeking help is reassured. If you are able to do this then they will feel more secure and will be more likely to believe that a satisfactory outcome will be achieved. They might then be able to match some of your calmness.

As a crisis intervention proceeds, the full range of counselling skills are often required. If you stay with the person, using the normal process of a counselling session as outlined in Chapter 16, then they will feel supported and empowered to cope. They



will be enabled to experience their feelings in the safety of the counselling relationship and should reach some sense of completeness by the end of the process. Yes, you may leave them feeling intensely sad, drained and possibly even devastated, but hopefully you will have managed to create a relationship of trust so that they felt supported through the crisis. If you did, then the person is likely to feel comfortable in coming back to talk with you, or with another counsellor, in the following few days or weeks. It is during this time that they may well need counselling help as they cope with the emotional, psychological and practical after-effects of the crisis.

Although all the micro-skills are needed, it is worth remembering that the micro-skill called 'normalising' (see Chapter 17) is particularly useful when dealing with developmental crises. People often feel relieved to know that what is happening to them is inevitable and normal, even if distressing and painful.

Sensibly, the counselling interventions used must take account of any practical options available to the person concerned and the counsellor, so we will now consider practical responses to a crisis.

## Practical responses to a crisis

It is essential that counsellors involved in crisis intervention are clear about the range of practical responses available to them. Because crises usually come without warning, counsellors need to be prepared. As a counsellor you need to know what options you may have when confronted by a person who is in a crisis situation. You need to have a clear idea of the boundaries within which you work so that you know what you can and can't do. The options available to you and the boundaries that constrain you will depend on the policies and practices of the agency where you are working.

You, the counsellor, will need to know the answer to a number of questions including the following so that you can be of help to a person in an emergency situation:

- If a person phones you in a crisis, are you able to go out to visit them or not? If not, is there someone else on your counselling team who is able to go? If so, what limitations do they have to their ability to intervene practically?
- Are you permitted, within the guidelines of your employing agency, to ask a person in a crisis to come in to see you, or to see another counsellor? Under what circumstances can this be done?
- Can you supply or arrange for transport, accommodation, financial or material assistance or any other service for the person seeking help?
- Does your agency's policy allow you to accompany the person seeking help to give them practical assistance?



- Do you have a comprehensive list of resources available, so that if you can't provide the required help yourself, then you can let the person seeking help know who might be able to help?
- Are you permitted to call the police, ambulance, fire brigade or any other service? If so, do you need to have the person's permission in all cases or are there exceptions?
- Can you arrange for women and children subject to domestic violence to be accommodated in refuges, or in other temporary accommodation if refuge accommodation is not available? If so, who will supply the transport? Will someone from your agency or another agency be available to accompany the person/s or not?

Clearly, these are just some of the questions you may need to answer and there are countless more. Unfortunately, you probably won't think of some of them until a specific situation arises that is new to you. In training, it's useful to brainstorm and to try to think of every imaginable crisis so that you know exactly what is available, and exactly what you are, and are not, permitted and able to do.

### **EXPECTATIONS OF THE PERSON SEEKING HELP**

People seeking help sometimes have unrealistic expectations of counselling services. This is particularly so in the case of crisis telephone counselling services, where some callers may expect that counsellors are at all times available to visit those who would like such a visit. From the outset it can be advantageous to be clear with the person seeking help about the limits of your service so that false or unrealistic expectations do not develop. Can you say 'No'? It's hard to say 'No', isn't it? For example, you may need to say to someone who is seeking help, 'I'm sorry, but there is no-one available to see you right now, but you are welcome to talk with me on the phone if you would like to do that'.

### **PRACTICAL INTERVENTION**

At an appropriate stage in the counselling process you, the counsellor, may need to assess whether there is a need for practical intervention. For example, it might be advisable to call an ambulance, the police, the fire brigade, a medical practitioner or some other helper. Alternatively, for example, in a case of threatened suicide, it may be necessary to arrange for a crisis worker to meet urgently with the person who is making this threat.

In many agencies, counsellors work under direct supervision. If you work in such an agency, then you may need to inform or get permission from your supervisor before being able to set in train an appropriate practical intervention. While doing this it is important to stay in touch with the person seeking help as much as is possible.



A person who phones in a crisis situation is likely to feel anxious if left on 'hold' for even a short time. Be careful to maintain as much continuity of contact with them as possible and to keep them fully informed of your actions. In particular, if you are putting a caller on 'hold' tell the caller why you are doing that and let them know how long your absence is likely to be. If you take longer than expected, then interrupt what you are doing, go back quickly to the phone and reassure the caller.

Be cautious when considering whether it is necessary or not to intervene at a practical level. It is often tempting for a counsellor to take over responsibility from a person when this is not really necessary; sometimes intervention by a counsellor is very appropriate but at other times it is not.

Consider an example where a person needs an ambulance. In some cases, it may be advantageous for the person, and not the counsellor, to call the ambulance. By doing this the ambulance personnel get a direct message from the person involved rather than a message that might have been inadvertently altered in transmission. Also, it is empowering for a person to take action rather than to be left feeling that they are incapable of doing so. On the other hand, in some cases there may be uncertainty about the ability of the person concerned to perform the task satisfactorily, or they may be particularly vulnerable and in need of support. In such cases, the counsellor may sensibly decide, with the person's permission, to call the ambulance on their behalf. Clearly, sensitive judgment is needed by counsellors in deciding when to intervene and when to encourage a person to take responsibility themselves for any necessary action. There can be no hard and fast rule.

### **GIVING SPECIFIC INSTRUCTIONS**

At a time of crisis intervention a counsellor may need to be very directive and very direct in order to avoid an escalation of the crisis. This is particularly so in cases where the counsellor has professional knowledge that will be useful to the person involved. If we use childbirth as an example, a nursing sister, medical practitioner, paramedic or other trained person may be able to provide crucial information that can be essential for the wellbeing of the mother and child. Such a person needs to be clear, concise, concrete and specific in giving directions to the person seeking help or helpers. Even so, it is imperative that the counsellor retains the full use of listening and joining skills. It is at times like these that the person undergoing the crisis may have important information to give that could be overlooked unless full attention is given to their verbal and non-verbal communication.

As in counselling generally, it's desirable to stay in tune with the feelings of the person seeking help, so that any intervention initiated is acceptable to them. Exceptions to this are situations where the counsellor needs to intervene in order to fulfil their duty of care to the person seeking help or to other people involved. Clearly, counsellors



have a duty of care in cases where a person is out of control of their own behaviour due to psychosis or drugs, or in cases where the safety of another person is at risk.

## Post-traumatic stress

Unfortunately, a counsellor's work does not necessarily finish when a crisis is over. It is now well documented that people often suffer from emotional and psychological after-effects as a result of a severe crisis. These after-effects are generally referred to as *post-traumatic stress*.

Post-traumatic stress can occur in persons who directly experience a crisis, and in people who act as helpers at a time of crisis, such as emergency service personnel, police, ambulance personnel, medical and nursing staff, counsellors and social workers. Relatives and friends may also suffer post-traumatic effects.

Usually the first evidence of emotional trauma becomes apparent immediately after the crisis, or within a few days. Some people try to shrug off these post-traumatic effects, believing that time will heal all. Unfortunately, time often doesn't heal all, and it is common for those who have been personally involved in a crisis, and those who have in some way helped them, to be seriously affected emotionally and psychologically some weeks or months after the event. Post-traumatic stress can best be minimised by those involved undergoing counselling at a time of their own choosing—some people who have experienced a crisis will prefer to engage in counselling shortly after the crisis event, whereas others will prefer to defer counselling until later.

Because of the possibility of post-traumatic stress, it is sensible to follow up on people who have been through a severe crisis. During the days and weeks following a crisis it can be advantageous if the people involved are offered counselling help. Without this offer, the risk of undesirable psychological effects showing up later may be increased.

As stated previously, counsellors may be affected themselves when they work with people who are experiencing a crisis. As a counsellor, don't forget your own needs. After counselling someone in a crisis, talk to your supervisor or another counsellor about your own experience of the counselling process and the emotional feelings generated within you. Such talking through, or 'debriefing' as it is called, needs to be accepted as necessary and normal after any crisis intervention work. It certainly is not a sign of weakness to engage in such debriefing. On the contrary, it is a sign of maturity, good sense and personal strength.



## Learning summary

- Crisis spells danger and opportunity.
- Crises occur naturally, accidentally, medically, developmentally, as a result of emotional and relationship problems, and in other ways.
- In crisis intervention counsellors need to deal with panic, be calm, use the full range of counselling skills and sometimes give specific directions to the person seeking help.
- Counsellors need to know the limits of their ability to intervene practically. They need to be clear in communicating these limits to those who seek their help.
- Counsellors need to be prepared for crisis and to have ready access to information about available resources for practical help.
- There are times when it is appropriate to intervene practically on a person's behalf, and times when it is not.
- Appropriate action is required to deal with the possibility of post-traumatic stress in both the person involved and the counsellor.

## FURTHER READING

James, R.K. 2008, *Crisis Intervention Strategies*, 6th edn, Brooks/Cole, Pacific Grove, CA.

Kanel, K. 2007, *A Guide to Crisis Intervention*, 3rd edn, Brooks/Cole, Pacific Grove, CA.

Roberts, A.R. 2005, *Crisis Intervention Handbook: Assessment, Treatment and Research*, 3rd edn, Oxford University Press, New York.



# Chapter 35

## Responding to suicidal intentions

Crisis telephone counselling services frequently get calls from people who are contemplating suicide and sometimes callers have already overdosed on prescribed medication before ringing for help. Also face-to-face counsellors will inevitably be confronted at times by people who have suicidal thoughts or tendencies. Most, if not all, counsellors are anxious when counselling such people, and working with them is inevitably stressful.

### Ethical issues

There are ethical issues involved when dealing with a person who is contemplating suicide, and before choosing strategies that are acceptable for you, as a counsellor, you may need to clarify your own values with regard to suicide. As counsellors, it is desirable that, if possible, we do not impose our own values on the people who seek help. However, we do need to be congruent and genuine, so each of us needs to do whatever is necessary to satisfy our own conscience. In addition, we need to be aware of any legal obligations and the legal implications of our actions. We must remember that we owe a duty of care to every person who seeks our help and that we need to respect the policies of the agency for which we work. If there are internal conflicts for us when dealing with a person who is contemplating suicide, then we need to resolve these for both our own wellbeing and theirs.



Does a person have the right to take their own life if they choose to do so? Your answer to this question may differ from ours, and our answers may differ from those of a person who seeks our help. We suggest that you discuss this question in depth with your training group if you are in one, or with your supervisor, so that you have a clear idea of your own attitudes and beliefs regarding suicide and of your supervisor's expectations. You will then be better equipped to help a person who has suicidal thoughts.

**Counsellors have a duty of care to those who seek their help**

We recognise that some counsellors believe that a person has the right to kill themselves if, after careful consideration, they choose to do so. However, most counsellors strongly oppose this view and believe that firm intervention is justifiable and necessary to prevent suicide from occurring. Many counsellors believe that a person who is contemplating suicide may be temporarily emotionally disturbed and not capable of making a rational decision at that time. This belief is reinforced by experiences with people who were suicidal and then later have thanked the counsellor, because they have found new meaning and satisfaction in their lives. Consequently, most counsellors believe that a counsellor's duty of care justifies the need for firm intervention, involuntary hospitalisation and subsequent psychiatric treatment where other options fail. Clearly, there are duty of care issues involved because suicide involves a one-way journey, and people who have suicidal thoughts need to be taken seriously. Remember that people who repeatedly make suicide attempts often succeed in killing themselves eventually. Their cry for help needs to be heard before it is too late.

## Reasons for contemplating suicide

People who are considering suicide broadly fall into four categories, although three of these overlap to some extent.

The first category comprises people whose quality of life is terrible, and who see little or no possibility for improvement. Included in this category are people who are chronically ill, in chronic pain, seriously disabled and/or in extreme poverty with little possibility of changing their situations. Such people are often severely depressed and are seriously at risk of ending their lives because they can see little reason for living. This is particularly so if they are alone and do not have adequate social support.

The second category includes people who have experienced a recent trauma. These people are very much at risk around their time of crisis. Included in this category are people who have suffered losses such as those described in Chapter 32.

The third category comprises people who use suicidal talk or suicidal behaviour as a last resort in an attempt to get others to hear or respond to their pain. Sometimes their goal is to manipulate the behaviour of others. They are still genuinely at risk, but



their motivation is different. They often have considerable ambivalence towards dying and may not really want to die. Some people in this category are openly manipulative and, for example, might say to a spouse who has left them, 'Come back to me or I will kill myself'.

**The first step in helping is to try to understand the person's current thinking**

The fourth category includes people who are having a psychotic episode and may be hearing voices that tell them to kill themselves. Clearly, these people need urgent psychiatric help.

We have drawn up a list of possible reasons why a person might contemplate or talk about the possibility of suicide. As you read the list you may wish to think about whether there might be other reasons which have not been included:

- because they despair of their situation and are unable to see an alternative solution to their problems, which seem to them to be unsolvable, intolerable and inescapable
- because they are emotionally disturbed, are afraid that they may commit suicide, and want to be stopped
- to make a statement
- as a way of hurting others; an ultimate expression of anger
- to make a last-ditch effort to draw attention to a seemingly impossible situation, when other methods have failed
- to manipulate someone else
- because they have positively decided to commit suicide, want to do it, and want other people to understand the reasons for the proposed action
- to be in contact with another human being prior to, or while, dying
- to say 'Goodbye', as preparation for death
- because they are having a psychotic episode and are hearing voices telling them to kill themselves.

## Assessment of risk of suicide

Anyone who says that life is not worth living may be at some level of risk. However, many people who have no intention of killing themselves experience times when they despair and start to question the value of their lives. A difficulty for counsellors is to determine the level of risk for a particular person. It is here that experience can be helpful in estimating level of risk, in deciding whether action needs to be taken or not, and in choosing the action to take, if action is needed. Consequently, new counsellors need to consult with their supervisors.



There are some factors that are commonly considered in the relevant literature to be useful in determining level of risk (see the further reading suggested at the end of this chapter). A number of risk factors will now be discussed.

**When assessing the level of risk it can be helpful to consult with your supervisor**

### **GENDER AND ETHNICITY**

Although women attempt suicide more often than men, males are associated with higher risk. This is because males are more often successful in completing suicide than females. In particular, in Australia, Aboriginal males are associated with high risk.

### **AGE**

Suicide is more likely to occur in the young and the old, with the risk being higher in people up to the age of 18 years and above 45.

### **INTENSE OR FREQUENT THOUGHTS OF SUICIDE**

Whenever a person thinks of suicide it is wise to assume that there is some level of risk. However, if the thoughts are persistent or strong with little ambivalence, risk is increased.

### **WARNING SIGNALS**

People who commit suicide have often given out warning signals over a period of time. Unfortunately, sometimes these are disregarded because they may have been given many times and been seen incorrectly as threats that will not be carried out.

### **HAVING A SUICIDE PLAN**

If a realistic plan for committing suicide has been developed, then clearly the person has moved beyond vague thoughts that life is not worth living and there is a real risk that the plan may be carried out.

### **CHOICE OF A LETHAL METHOD**

Some methods of committing suicide are more likely to reach completion than others because they are quick or provide little opportunity for withdrawal if the person concerned has a change of mind as death approaches. Examples are when a person uses a gun or jumps off a high building.

### **AVAILABILITY OF METHOD**

Risk is higher if the person already has the means to carry out the plan. For example, if a person has a loaded gun, or enough pills to cause death, then the plan may be carried out.

### **DIFFICULTY OF RESCUE**

Risk is increased in cases where it would be difficult for others to intervene and prevent the suicide attempt. Examples are where a person is in an isolated place or when the



location is unknown or when someone has climbed a structure, making it difficult for others to follow.

### **BEING ALONE AND HAVING LACK OF SUPPORT**

People who are alone, single or separated, and believe that no-one cares for them, are vulnerable to depression and suicidal thoughts and action. It may also be easier for them to carry out a suicidal plan without interference.

### **PREVIOUS ATTEMPTS**

Previous attempts are an indication of increased risk. This is particularly so if the attempts have been frequent, are recent and have been serious.

### **A FRIEND OR FAMILY MEMBER HAS DIED OR SUICIDED**

Risk of suicide is increased where a family member, close friend, colleague or peer suicided. Additionally there may be risk where a loved one or pet has died.

### **LISTENING TO SONGS ABOUT DEATH**

Some people, particularly the younger members of society, tend to listen obsessively to songs about death, dying and suicide. This increases risk.

### **DEPRESSION**

People who are depressed, feel hopeless, helpless or in despair are at risk. This is particularly so with severe depression where there may be symptoms such as loss of sleep or an eating disturbance.

### **PSYCHIATRIC HISTORY**

Psychiatric illness or history is another indication of increased risk.

### **LOSS OF RATIONAL THINKING**

Loss of rational thinking can occur for a variety of reasons. People who have been traumatised, are under the influence of alcohol or drugs, are suffering from dementia or have a psychiatric disorder may not be capable of thinking rationally. They therefore present increased risk and there are clear duties of care for the counsellor.

### **UNEXPLAINED IMPROVEMENT**

Someone who has been exhibiting severely depressed feelings with suicidal thoughts and then suddenly changes to display a calmness and sense of satisfaction for no recognisable reason may be at very high risk. The person may have completed preparations for suicide and have a sense of relief at the thought of their planned escape from acute emotional pain. By convincing the counsellor that everything is now OK, they may effectively mislead the counsellor so that preventative action is not taken.



## **GIVING AWAY POSSESSIONS AND FINALISING AFFAIRS**

Behaviours such as giving away personal possessions, making a new will or terminating a lease may be an indication that the person is preparing for suicide and at high risk.

## **MEDICAL PROBLEMS**

Medical problems that severely interfere with quality of life, are painful or are life-threatening increase the risk of suicide. Chronic illness with little perceived hope of a cure or respite may increase a person's desire to terminate life. Here, there are both values and duty of care issues, as some people firmly believe that voluntary euthanasia is morally justifiable while others strongly disagree.

## **SUBSTANCE ABUSE**

Excessive use of alcohol or drugs, both illegal and legally prescribed, raises the suicide risk. Certainly, alcohol or other substance abuse is associated with completed suicides.

## **RELATIONSHIP PROBLEMS**

People who believe that they are locked in to highly dysfunctional relationships and cannot leave are at increased risk. Similarly, there may be risks for people whose relationships are breaking up, who are separating or separated, and for those who are going through the process of divorce. When relationships change through, for example, remarriage, moving into a new step-family, having a new child in the family or children leaving the family, there may be an increased risk.

## **CHANGES IN LIFESTYLE OR ROUTINE**

Many people find it difficult to adjust to changes in their lifestyle or routine, so times of change can precipitate suicidal thoughts and increased risk. Examples are when a person changes job, school or their place of residence. This may be particularly relevant when a person moves to a new locality and may lose access to long-term friends.

## **FINANCIAL PROBLEMS**

Issues involving poverty, unemployment and financial difficulties, where the person concerned is depressed and feeling helpless to change the situation, lead to an increased risk. Important examples are bankruptcy and cases where a person loses a business or home.

## **TRAUMA AND ABUSE**

Traumatic events and the experience of abuse or perceived abuse, in both the past and the present, may contribute to suicide risk. This includes emotional, physical, sexual and social abuse.



## LOSS

All losses of importance contribute to suicide risk. Examples include loss of a significant relationship, job, employment opportunities, business, home, possessions, self-esteem and loss of role. People who experience failure either at work or academically, or believe that they have failed others, are likely to suffer loss of self-esteem.

The risk factors that have been discussed are included in Table 35.1. This table may be photocopied for personal use and used as an aid in identifying risk factors when counselling people with suicidal thoughts or tendencies. However, it must be remembered that there is no precise formula for assessing risk, because we human beings are each unique, possessing our own individual qualities. All talk of suicide needs to be taken seriously and appropriate help sought where necessary.

**Table 35.1** Assessment of suicide risk

<i>Risk factors—tick boxes where risk is indicated</i>	
<input type="checkbox"/> Gender	<input type="checkbox"/> Medical problems
<input type="checkbox"/> Age	<input type="checkbox"/> Alcohol and/or drug abuse
<input type="checkbox"/> Ethnic background	<input type="checkbox"/> Significant life-changing events
<input type="checkbox"/> Intense and/or frequent thoughts of suicide	<input type="checkbox"/> Change in lifestyle and/or routine
<input type="checkbox"/> Warning signals given out over a period of time	<input type="checkbox"/> Change in job, school or house locality
<input type="checkbox"/> Has a suicide plan	<input type="checkbox"/> Financial problems
<input type="checkbox"/> Choice of a lethal method	<input type="checkbox"/> Socio-economic situation
<input type="checkbox"/> Availability of method	<input type="checkbox"/> Trauma
<input type="checkbox"/> Difficulty of rescue	<input type="checkbox"/> Abuse or perceived abuse—emotional, physical, sexual or social abuse in the past or the present
<input type="checkbox"/> Is isolated or alone	<input type="checkbox"/> Loss of employment or employment opportunities
<input type="checkbox"/> Lack of support	<input type="checkbox"/> Loss of business, home or possessions
<input type="checkbox"/> Previous suicide attempts	<input type="checkbox"/> Loss of self-esteem—feeling a failure at work or academically—or belief that others have been let down
<input type="checkbox"/> A friend, peer, colleague or family member has suicided	<input type="checkbox"/> Loss of role
<input type="checkbox"/> Listening obsessively to songs about death, dying or suicide	<input type="checkbox"/> Other factors not listed
<input type="checkbox"/> Death of loved one, friend or pet	
<input type="checkbox"/> Depression	
<input type="checkbox"/> Psychiatric illness or history	
<input type="checkbox"/> Loss of rational thinking	
<input type="checkbox"/> Unexplained improvement	
<input type="checkbox"/> Giving away possessions	
<input type="checkbox"/> Finalising affairs	
<input type="checkbox"/> Relationship highly dysfunctional	
<input type="checkbox"/> Relationship break up, separation or divorce	
<input type="checkbox"/> Relationship changes—remarriage, new step-family, addition of new child, children leaving family	
<input type="checkbox"/> Relationship worries—fear of losing a family member or partner or that someone is not coping	



## Counselling strategies

Perhaps the biggest problem for a new counsellor when seeking to help a person troubled by suicidal thoughts is the counsellor's own anxiety. Sometimes new counsellors will try to deflect a person away from suicidal talk rather than encouraging them to bring their self-destructive thoughts out into the open and deal with them appropriately. Unfortunately, such avoidance of the issue may increase the likelihood of a suicide attempt.

### BRING SUICIDAL THOUGHTS INTO THE OPEN

Whenever counselling a depressed or anxious person, counsellors need to look for the smallest clues that might suggest that the person may be contemplating suicide. People are often reluctant to say, 'I would like to kill myself'. They tend instead to be less specific and to make statements such as, 'I don't enjoy life any more', or 'I'm fed up with living'. When a person makes a statement such as this it is sensible for the counsellor to be direct, and ask them, 'Are you thinking of killing yourself?' In this way, suicidal thoughts are brought out into the open and can be dealt with appropriately. We need to remember that a significant proportion of people are at some times in their lives ambivalent about wanting to live and that many consider the possibility of committing suicide before rejecting it.

**It can be advantageous to be direct when exploring suicidal thoughts**

### DEAL WITH YOUR OWN FEELINGS

You will be a very unusual person indeed if you don't become emotionally tense when a person tells you that they are thinking of killing themselves. As a counsellor, allow yourself to experience your feelings and then you will be able to decide what to do about them.

It is likely that these feelings may result from you giving yourself unhelpful messages such as those listed in Table 35.2. If so, you can give yourself new messages, after discarding the self-destructive messages that may be contributing to your tension. Table 35.2 presents some typical self-destructive and alternative helpful self-statements for the situation.

Challenge your self-destructive thoughts, and if your feelings of tension don't subside, consult your supervisor.

### COUNSELLING SKILLS

The micro-skills that have been learnt previously, together with an appropriate counselling relationship, are the basic tools for helping a person who is contemplating suicide. We suggest that initially it is important to concentrate on building a relationship with the person, so that when trust has been established they can talk openly about



**Table 35.2** Comparison between self-destructive and helpful self-statements for counsellors seeking to help people with suicidal thoughts

<i>Self-destructive statement</i>	<i>Helpful self-statement</i>
I am personally responsible if this person suicides.	Sadly, in the long term, no-one can stop this person from killing themselves if they firmly decide to do that. Ultimately it will be their choice.
I should stay with the person until they no longer have suicidal thoughts.	It's impossible for me to watch over the person 24 hours a day. In the long term they have to be responsible for themselves. However, if I wish, and am able, I can take steps to arrange appropriate psychiatric supervision.
I have the power to change this person's mind if I am skilful enough. OR I must persuade this person not to suicide.	I don't have the power to change someone else's mind. The most I can do is to help them explore the issues involved, and then take any other action available to me.
I'm not as well qualified as other counsellors.	I am me, with my skills and limitations. If I am able to refer this person on to someone more qualified I will, and in the meantime I'll do my best.
If I am incompetent I will be to blame for this person's death.	It's unrealistic for me to expect to be a perfect counsellor in such a stressful situation. I cannot take responsibility for their decision. I can only do what I am capable of doing.
I must live up to the person's expectations.	I do not need to live up to the person's expectations.
I can't cope.	I can cope provided that I set realistic expectations for myself.

**The counselling relationship can be a valuable resource when confronting suicidal thoughts**

their feelings and intentions. The counsellor might invite them to do this by saying, 'I am concerned for your safety and wellbeing, and it is important for me to understand fully how and why you feel the way you do'. By taking this approach the person is likely to recognise that the counsellor is joining with them in the exploration of their feelings, thoughts and options, rather than working in opposition to them.

**FOCUS ON THE PERSON'S AMBIVALENCE**

We recognise that each individual counsellor needs to make a decision for themselves about how to counsel a suicidal person. Some counsellors prefer a direct approach where they will try to convince the person that they should not kill themselves, and for some people this may be the best approach. However, in our view this is not always the best approach because it puts the counsellor in opposition to the person. We think that



usually it is more useful to focus on building a relationship with the person and then exploring their ambivalence—‘Should I kill myself or not?’ Most, if not all, people with suicidal thoughts have some degree of ambivalence towards dying. If a person was 100 per cent convinced that they wanted to kill themselves, they probably wouldn’t be talking to a counsellor; they would just go ahead with their suicide plan. We have found that focusing on the person-to-person counselling relationship while exploring the person’s ambivalence is often the key to the successful counselling of those who are contemplating suicide.

### EXPLORING THE PERSON’S OPTIONS

As explained in Chapter 25, when a person chooses between two alternatives they lose one of the options and may also have to pay a price for the chosen option. By choosing suicide, a person loses life, contact with others and the opportunity to communicate with others about their pain. In addition they lose hope, if they had any, for a better future. The cost of dying is likely to include fear of the unknown and for some religious people fear of being punished for killing themselves.

We think that in many situations it can be advantageous to make a person who is contemplating suicide aware of their ambivalence, and to help them to look at the consequences, costs and pay-offs of dying and of living. Although at some stage we may decide that duty of care requires the use of firm intervention, in the first instance we try to avoid directly pressuring the person to stay alive and instead help in the exploration of their options. In this way the person is likely to feel understood, has the opportunity to work through their pain, and may feel sufficiently valued to enable them to reconsider their decision.

**A person needs to fully explore their self-destructive thoughts in order to be able to change them**

By joining with the person, they are free to explore both the ‘I want to die’ part of self and the opposite polarity, with the counsellor walking alongside during the exploration.

### THE DIRECT APPROACH

The direct approach is to try to persuade the person who is contemplating suicide that living is the best option. This approach is not usually our first preference because it sets up a struggle between the person who is saying ‘I want to die’ and the counsellor who is saying ‘I want you to live’. There is then heavy pressure on the counsellor to convince the person of the rightness of living, and this may be difficult as the counsellor and the person are in opposition rather than joining together. Even so, this approach can be successful with some people. There is no universal ‘right way’ to go. Every person is unique and so is every counsellor. Each counsellor needs to choose an approach that seems right for them and for the person who is seeking their help. If a counsellor



concentrates on establishing and maintaining a sound person-to-person counselling relationship, then they optimise the chances of success. Where this approach is not successful, duty of care requires the counsellor to take action, in consultation with their supervisor, to ensure the person's safety and wellbeing.

### DEALING WITH DEPRESSION AND ANGER

People who are contemplating suicide are usually in deep depression, and depression, as explained in Chapter 31, is often due to repressed anger. Sometimes a person who is contemplating suicide may be turning anger, which could be appropriately directed at others, inward and towards themselves. It may be useful to ask the question 'Who are you angry with?' If the person replies by saying 'Myself', you can agree that that is obvious and consistent with wanting to suicide. You might say, 'You are so angry with yourself that you want to punish yourself by killing yourself'. This reframe of suicide as self-punishment rather than escape may be useful in some cases in helping to produce change. You could then ask, 'After yourself, who are you most angry with?' If by doing this you can help the person to verbalise their anger and direct it away from themselves and onto some other person or persons, their depression and suicidal thoughts may moderate. However, it is important to remember that as a counsellor it is important to do your best to ensure that the person who seeks your help is not a danger to others.

### LOOKING FOR THE TRIGGER

Another way of entering a person's world is to find out what triggered off the suicidal thoughts *today*. Very often a single event is the trigger and this trigger can sometimes give important clues about the person's intentions. For example, is the person's intention partly to punish someone who has angered or hurt them? If so, it might be useful to explore the issues involved.

### CONTRACTING

After working through the relevant issues with a person who has been troubled by suicidal thoughts, many counsellors encourage the person to sign a contract to agree that if strong suicidal thoughts return they will not kill themselves before coming back for counselling. Although we, ourselves, do not use written contracts, we do negotiate with such people to obtain a verbal agreement about what action they will take if strong suicidal thoughts recur. We explore alternatives with them regarding the help they might seek if they start to feel tempted to commit suicide again. We ask them who is the first person they would try to contact, and if that person wasn't available who else could they contact, or where would they go for help? In seeking a verbal agreement we rely on the strength of the counselling relationship, making it clear that the person is important to us and that we believe that we can trust them to honour the agreement.



## Recognise your limitations

Don't forget that it is unrealistic, unfortunately, to expect that a person will necessarily decide to stay alive. Although you may be able, if you choose, to take measures to ensure that the person stays alive in the short term, in the long term, if they are determined to kill themselves, they are likely to succeed. However, as counselling progresses you will need to decide, in consultation with your supervisor, whether direct action to prevent suicide is warranted and necessary. This decision is a heavy one and is certain to be influenced by your own values and those of the agency that employs you. There are some cases where the decision to intervene is clear. It would, for example, be unethical and irresponsible to allow someone who was psychologically disturbed due to a temporary psychiatric condition or a sudden trauma to kill themselves without determined and positive action being taken to stop them.

**In some cases  
our duty of care  
demands firm  
direct action**

A person who is seriously contemplating suicide is likely to need ongoing psychotherapy from a skilled professional, so be prepared to refer appropriately. The eventual wellbeing of such a person depends on them being able to make significant changes to their thinking and way of living, and this is unlikely to be achieved in one counselling session.

## Learning summary

- People who make repeated suicide attempts often succeed in killing themselves.
- Suicidal people include those who are locked into miserable lives, those who have recently experienced trauma, and those who are wanting to manipulate others.
- When counselling a suicidal person, it is important to deal with your own feelings as a counsellor and to challenge any irrational beliefs you may have.
- When counselling a person who is contemplating suicide, focus on the counselling relationship using the normal counselling micro-skills:
  - > find out what triggered the suicidal thoughts
  - > bring the person's anger into focus
  - > hook into the person's ambivalence if that can be useful
  - > explore the person's options and particularly the costs of dying
  - > use a more direct confrontational approach if you think that it is more likely to be effective
  - > decide what direct action is warranted and necessary to prevent suicide
  - > whenever possible, refer to suitably qualified professionals.



## Training group exercises

### 1. Values discussion

In your training group, discuss and share your beliefs and values with regard to suicide and how these beliefs and values might influence your work with a suicidal person.

### 2. Discussion of suitable counselling strategies when working with a person who has suicidal intentions

In your training group, discuss what strategies you would use to cope with your own feelings when seeking to help a person who has suicidal intentions.

Next, in your training group discuss how you might initiate a conversation with a suicidal person with regard to:

- a. their ambivalence
- b. your duty of care.

### FURTHER READING

Duffy, D. & Ryan, T. (eds) 2004, *New Approaches to Preventing Suicide: A Manual for Practitioners*, Jessica Kingsley, London.

Henden, J. 2008, *Preventing Suicide: The Solution Focused Approach*, Wiley, Chichester.

Reeves, A. 2010, *Counselling Suicidal Clients*, Sage, London.



A light gray, stylized leaf pattern is visible on the left side of the cover, extending from the top left towards the bottom right. The leaves are arranged in a branching, organic form.

# Part VII

## Professional issues



# Chapter 36

## The counselling environment

In earlier chapters we have discussed the way in which counselling involves the creation of a safe, trusting relationship between the person seeking help and the counsellor. In order to assist in the promotion of such a relationship, it can be helpful when counselling in a face-to-face situation if the counselling environment is one that will enable the person seeking help to feel comfortable and at ease.

Unfortunately, it is not always possible for counsellors to have the use of a specially designed counselling room. In some situations counsellors are visitors to a home, an agency, a school or a government department, and have to make the best use of spaces that are intended for other purposes. Where this is the case, it is desirable for the counsellor to do whatever is possible to protect the privacy of the person seeking help. Many adults and children don't like others to know that they are seeing a counsellor. In offices and schools the confidentiality of the counselling process may be compromised at some level by lack of privacy. Clearly, counsellors need to do their best to find the most private facilities and arrangements possible.

### The counselling room

Whenever we walk into a room, that room has an effect on us. Is it the same for you? Have you noticed that sometimes when you have entered a room you have felt comfortable and at ease, almost as though the room welcomed you? At other times you



may have entered a room that felt clinical, cold and unwelcoming. A well-designed counselling room will have a warm, friendly feel about it. In addition to being warm, pleasant, welcoming and comfortable, it is an advantage if the room can be set up so that it is especially suitable for counselling.

Where a counsellor has their own personal room, that room can reflect something of their individual personality. Our counselling rooms are decorated with plants and pictures. Pictures on the walls are peaceful, showing natural scenes of trees and landscapes. The colours are muted and not harsh, and these combine with comfortable furnishings to provide a welcoming, relaxed atmosphere.

Your room will be different from ours because we are all different and have different tastes. We suggest that you try to make your room an extension of yourself so that you feel at ease in it, and then in all probability the people who seek your help will feel comfortable in it too.

Preferably the furnishings in your counselling room should include comfortable chairs for yourself and the person seeking help, together with other furnishings appropriate to a professional office. You may need to write reports, draft letters, keep records and carry out some administrative duties. Hence a desk, telephone and filing cabinet will be useful, together with bookshelves for a professional library.

### A counselling room needs to be inviting

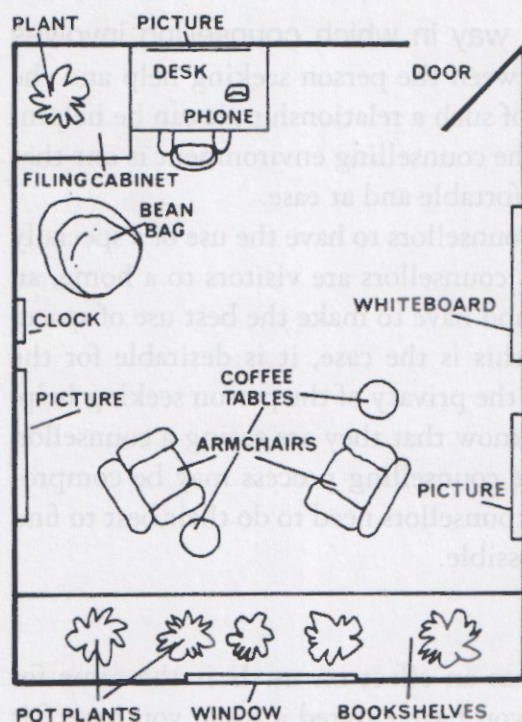


Figure 36.1 Counselling room arrangement

### LAYOUT OF THE ROOM

The sketch in Figure 36.1 shows a suitable layout for a counselling room for the personal counselling of individuals who seek help. Notice that the desk and filing cabinet are unobtrusively in a corner facing the wall, where their importance is diminished. While we use the desk for administrative work, when counselling we invite the person seeking help to sit in a comfortable chair and we sit in a similar chair facing them and at their level. We deliberately avoid sitting at the desk, as to do so brings inequality into the relationship. Additionally, we prefer to have open space rather than a table separating us from the person. Using this arrangement enables the person to join with us as equal partners as they explore their issues, and we are not



perceived as powerful experts separated by a desk or table. If we do need to sit at the desk to do some written work in the person's presence, we make sure that the desk doesn't separate us from them.

We don't have a visitor's chair and a counsellor chair, but rather two chairs that are similar. When a person seeking help enters the room they are invited to sit in whichever chair they choose. However, if they hesitate we will direct them to a chair. This is a small point, but an important one. A person seeking help will usually be anxious when they come into a counselling room, because it is not their space and they may also be worrying about the counselling process. Some people will be more at ease if they can choose their seat, while others will be happier if you direct them to a chair.

**Formality won't  
enhance the  
counselling  
relationship**

We try to arrange the chairs so that they do not face directly into light coming from a window. Looking towards a window can be unpleasant, as after a while the glare may cause eyestrain. During a counselling session, the person seeking help and the counsellor will be looking at each other most of the time, so the background against which each is framed is important for comfort. Preferably the chairs will face each other, but at a slight angle with enough space between them so that the person seeking help does not feel that their personal space is being invaded.

### **EQUIPMENT NEEDED**

We prefer to have a whiteboard in every counselling room. People who predominantly operate in a visual mode are likely to focus more clearly and gain in awareness if important statements are written on the board, and if their options are listed there (see Chapter 11 regarding personal differences in modes of awareness). Sometimes a person's dilemma can be expressed through a sketch that metaphorically describes their situation. A whiteboard is particularly useful when helping a person to challenge irrational beliefs or to construct assertive statements. It may also be used as an aid when carrying out educational and administrative tasks, which counsellors inevitably undertake as part of their duties.

We always have a box of tissues in a handy place in our counselling rooms. It is inevitable that at times some people seeking help will cry. Having tissues at hand helps reduce their embarrassment.

### **THE NEED FOR PRIVACY**

As discussed in Chapter 39, confidentiality is essential when counselling. A person will not feel comfortable about disclosing intimate personal details unless they are confident that they will not be overheard. If they can hear voices from outside the counselling room,

**Privacy is  
essential when  
counselling**



then they may be justified in fearing that they can be heard by others. It is therefore preferable for counselling rooms to be suitably soundproofed, although this ideal is often not achievable.

If at all possible, the counselling process should be uninterrupted by the intrusion of people knocking on the door, entering the room or phoning in unnecessarily. For this reason, many counsellors have a rule that when a counselling room door is closed, no attempt should be made by others to enter the room except in unusual circumstances. In many counselling agencies, when a counselling room door is shut, the procedure for contacting the counsellor when unusual circumstances make this necessary is for the receptionist to use the phone. Except in serious emergencies, the receptionist allows the phone to ring a few times only and if it is not answered then the counsellor is left undisturbed. This minimises the possibility that the person seeking help might be interrupted at an important stage in the counselling process. It enables them to feel that confidentiality is assured, and allows them to express their emotions in privacy without the risk and embarrassment of being observed by others.

### SAFETY ISSUES

It is important for counsellors to take whatever measures are required and appropriate for their own protection. It is inevitable that at some time a counsellor will be confronted by a person who has violent or sexually aggressive tendencies. This is a problem for all counsellors, but it needs to be recognised that female counsellors are especially vulnerable.

#### The safety of counsellors needs to be ensured

We believe that it is essential for all agencies and government facilities that provide counselling services to have alarm buttons in their counselling rooms. Then, if a counsellor is in danger, the alarm can be pressed to alert other workers so that they can respond appropriately. Clearly, there needs to be a suitable protocol in place so that when an alarm does sound the action taken is appropriate. Because of the safety issue some counsellors prefer to arrange the seating so that they are seated nearest to the door, enabling them to leave the room without being obstructed.

### SETTING UP YOUR OWN ROOM

Setting up a counselling room gives a counsellor an opportunity to be creative, and to use their own personal ideas to generate a suitable environment where a person seeking help may feel comfortable enough to explore their issues openly. We enjoy experimenting with the layout and decoration of our counselling rooms so that they reflect our personal tastes and are welcoming to others. We hope you find similar satisfaction in setting up your own counselling room.



# Chapter 37

## Keeping records of counselling sessions

Many counsellors, including ourselves, find the administrative and clerical duties associated with counselling a chore. However, it pays to keep detailed and up-to-date records on each counselling session. Ideally, report writing should be done immediately after the counselling session, while all the relevant information is fresh in the counsellor's mind, and before other inputs have had time to intrude.

In today's society we can either type or dictate records using speech recognition software directly into a computer. Alternatively, we can keep handwritten records on printed forms or cards. Where records are computerised, adequate security measures are required to protect confidentiality. Similarly, handwritten records need to be kept in secure locations (see Chapter 39).

### Identifying the person seeking help

Records of people seeking help need to be clearly identified so that there can be no confusion, because in large agencies it is not unusual to find two people with the same names. Identifiers might include:

- family name (surname)
- other names
- date of birth (if known)



### 1. DATE OF THE SESSION

This heading is self-explanatory. When reviewing progress over time, it's very useful to know the dates of counselling sessions.

### 2. FACTUAL INFORMATION GIVEN BY THE PERSON SEEKING HELP

During a counselling session the person seeking help is likely to divulge factual information, which may be useful in subsequent sessions. Sometimes small facts, which may appear to be insignificant, provide the key to unlock a closed door in the person's mind, or could, if remembered, provide the counsellor with a clearer picture of the person's background. An example of information that might be included in a counsellor's notes could be:

*'She has been married for 13 years and during that time left her husband twice, once two years ago for a period of two weeks, and secondly six months ago for a longer unspecified period. She has considerable financial resources, lacks a social support system, had an affair some years ago and has kept this a secret from her husband.'*

### 3. DETAILS OF THE PERSON'S PROBLEMS, ISSUES OR DILEMMAS

Keep the record brief, so that it can be read quickly when required. An example of this part of the record would be:

*'Mary suspects that her husband may be sexually involved with another woman, is afraid to ask her husband whether this is so, and is confused about her attitudes to him. She can't decide whether to pluck up courage and confront him, to leave him now, or to continue in what she experiences as an unsatisfactory relationship with him. She is not willing to consider relationship counselling with her husband.'*

### 4. NOTES ON THE PROCESS THAT OCCURRED DURING THE SESSION

The process is independent of the facts presented and of the person's issues, and is concerned with what occurred during the counselling session, particularly in the person-to-person counselling interaction. For example:

*'He initially had difficulty talking freely, but as the counselling relationship developed he was able to explore his confusion and look at his options. Although he was unable to decide which option to pursue, he seemed pleased by his ability to see his situation more clearly.'*

### 5. NOTES ON THE OUTCOME OF THE COUNSELLING SESSION

The outcome could be that a decision was made, or that the person remained stuck, or that a dilemma was identified. Alternatively, the outcome might be described in terms of the person's feelings at the end of the session. Examples of notes under this heading are:

*'She decided to confront her husband.'*

*'She left feeling sad and determined.'*

*'She said that she could now see things clearly.'*



## 6. NOTES ON INTERVENTIONS USED BY THE COUNSELLOR

Notes under this section are intended to remind the counsellor of particular interventions used. For example, the notes might say:

*'Taught relaxation.'*

*'Coached in the use of assertive statements.'*

*'Discussed the anger control chart.'*

## 7. NOTES ON ANY GOALS IDENTIFIED

These may be goals for the person to achieve in the world outside, or in counselling, for example:

*'He wants to learn to be more assertive.'*

*'She wants to use the counselling process to sort out her confusion and make a decision regarding her marriage.'*

*'She wants to experiment by taking risks.'*

## 8. NOTES ON ANY CONTRACT BETWEEN THE PERSON AND THE COUNSELLOR

It is important to remember any agreements that are made with the person seeking help. These may be with regard to future counselling sessions, for example:

*'She contracted to come for counselling at fortnightly intervals for three sessions and then review progress.'*

*'It was agreed that counselling sessions would be used to explore his relationships with the opposite sex.'*

*'I contracted to teach relaxation during the next session.'*

## 9. NOTES ON MATTERS TO BE CONSIDERED AT SUBSEQUENT SESSIONS

Often during the last few minutes of a counselling session a person will bring up an important matter that is causing pain and is difficult to talk about. If this is noted in the record, then the counsellor can remind the person at the start of the next session, enabling them to deal with the issue in question, if they wish. Sometimes, as a counsellor, you will realise at the end of a session that aspects of a person's situation need further exploration. It can be useful to make a note as a reminder.

## 10. NOTES ON THE COUNSELLOR'S OWN FEELINGS RELATING TO THE PERSON AND THE COUNSELLING PROCESS

These are required to help the counsellor avoid letting their own feelings inappropriately interfere with the counselling process in future sessions. Such notes can be invaluable in the counsellor's own supervision, and may be useful in helping them to improve their understanding of the counselling process. An example is:



1. 'I felt angry when he (the person seeking help) continually blamed others and failed to accept responsibility for his own actions.'

## 11. THE COUNSELLOR'S INITIALS OR SIGNATURE

By initialling or signing case notes, a counsellor takes responsibility for what is written in them. In many agencies counsellors work together with other counselling team members. In such agencies, over a period of time more than one counsellor may see a particular person. Also, a person may come back to an agency for further counselling after a particular counsellor has left. In such situations it can be helpful for the person if their counselling history is available, subject to the normal constraints of confidentiality.

As stated previously, writing records of counselling sessions can be a chore. However, a counsellor who does this diligently will quickly become aware of the advantages. The effectiveness of future counselling sessions may be improved if the counsellor reads the record of previous counselling sessions relating to a person before meeting with them each time. By doing this the counsellor is able to 'tune in' to the person right from the start of the interview and will not waste time on unnecessary repetition.

Clearly, records need to be detailed, accurate and legible if they are to be maximally useful. However, when writing records, be aware of the confidentiality issue (see Chapter 39) and of the possibility that the legal system may demand that such records be made available to a court. Also, bear in mind when writing records that the person they relate to may later ask to read them. Clearly, a person seeking help has the right to read their own records if they wish to do so.

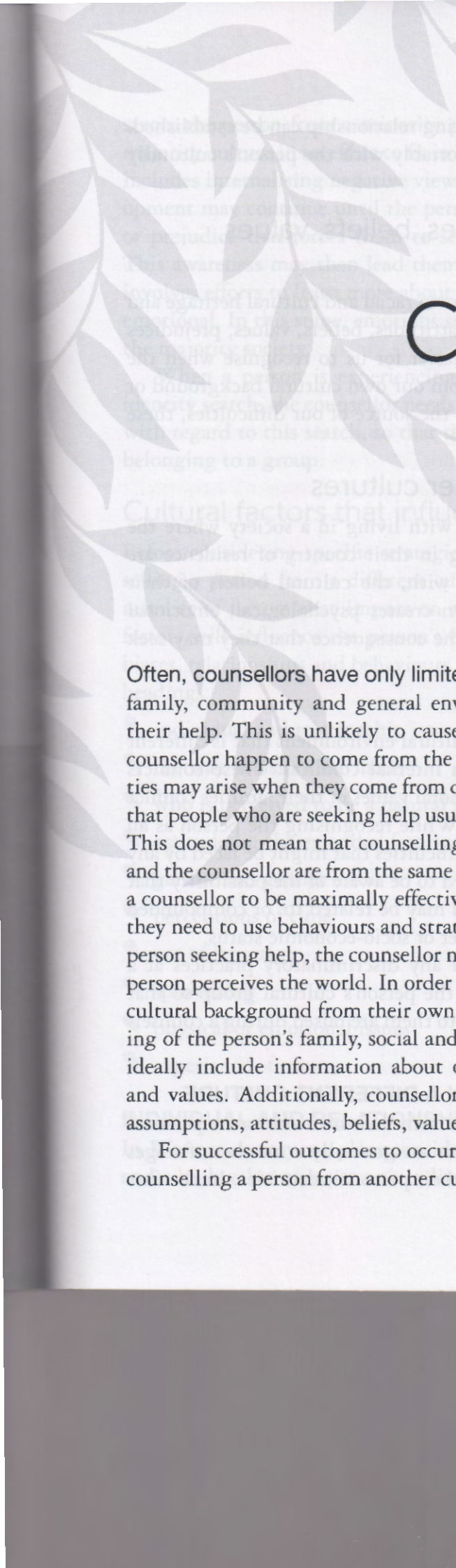
## Learning summary

- Ideally, report writing should be done immediately after a counselling session.
- Records need to include:
  - > the date
  - > factual information and details of the person's issues
  - > notes on the process and outcome of the session
  - > notes regarding interventions used, goals set, contracts made and matters to be considered in the future
  - > notes regarding the counsellor's own feelings.
- Writing records can seem a chore, but a counsellor who keeps diligent records quickly becomes aware of the advantages.

## FURTHER READING

- Bor, R. & Watts, M. 2010, *The Trainee Handbook: A Guide for Counselling & Psychotherapy Trainees*, 3rd edn, Sage, London.





# Chapter 38

## Cultural issues

Often, counsellors have only limited information about the ethnic, cultural, social, family, community and general environmental backgrounds of the people who seek their help. This is unlikely to cause problems when the person seeking help and the counsellor happen to come from the same ethnic and cultural groups; however, difficulties may arise when they come from different groups. Not surprisingly, it has been found that people who are seeking help usually prefer counsellors from their own ethnic group. This does not mean that counselling won't be effective unless the person seeking help and the counsellor are from the same cultural background. What it does mean is that, for a counsellor to be maximally effective when counselling a person from another culture, they need to use behaviours and strategies that fit for the person concerned. As with any person seeking help, the counsellor needs to try to perceive the world in the way that the person perceives the world. In order to be able to do this with someone from a different cultural background from their own, the counsellor needs to try to gain an understanding of the person's family, social and cultural environment. This understanding should ideally include information about cultural norms, attitudes, beliefs and values. Additionally, counsellors need to be aware of their own assumptions, attitudes, beliefs, values, prejudices and biases.

For successful outcomes to occur, the most important factor when counselling a person from another culture is the counsellor's ability to

**Establishing  
a trusting  
relationship is  
critical**



join with the person so that a good, trusting working relationship can be established. Also, strategies and techniques that will fit comfortably with the person's culturally specific ways of relating need to be used.

### Awareness of assumptions, attitudes, beliefs, values, prejudices and biases

As counsellors, each of us needs to be aware of our own racial and cultural heritage and to understand how that heritage has affected our attitudes, beliefs, values, prejudices and biases. By being aware of these, it will be easier for us to recognise when the problems we encounter while counselling stem from our own cultural background or come from some other source. Once we recognise the source of our difficulties, these can be addressed in supervision.

### Difficulties facing people from other cultures

In our modern world many people have to cope with living in a society where the cultural beliefs, values and behaviours prevailing in their country of residence are different from, and in some ways incompatible with, the cultural beliefs of their family and close friends. This inconsistency often creates psychological, emotional and behavioural problems for such people, with the consequence that they may seek counselling help.

#### LIVING WITHIN A DIFFERENT CULTURE

A major problem for many people who live in a cultural environment that is different from that of their families is stress arising from internal conflicts. These conflicts occur when the culturally determined social and moral values of their families conflict

**Living in a different culture from your own can be stressful**

with those of the wider society. While recognising the person as an individual who is experiencing difficulties that might be faced by any other person, counsellors also need to be aware of the possibility that the difficulties being experienced may be related to, or compounded by, issues of race, ethnicity, gender or socio-economic status.

Additionally, counsellors need to be aware of any discriminatory practices at a social or community level that may be affecting the person's cultural group so that these can be properly understood if issues relating to them are raised during a counselling session.

#### PERSONAL SEARCH FOR IDENTITY WITHIN A DIFFERENT CULTURE

Many people who live in cultures that are different from their own encounter personal identity problems. It has been suggested that there are generally a number of stages during which such people engage in a search for their personal identities. In the first



stage, the person from a minority group may accept the values and attitudes of the majority culture in an effort to fit in and be part of that culture. Surprisingly, this often includes internalising negative views of their own group. This stage of identity development may continue until the person concerned has a personal experience of racism or prejudice that forces them to see themselves as a member of a minority group. This awareness may then lead them to a personal ethnic identity search. The search involves efforts to learn more about their own culture and is often likely to be highly emotional. In this stage, emotions such as anger and outrage may be directed towards the majority society.

When a person is experiencing the emotional problems involved in an ethnic identity search, the counsellor needs to try to help them achieve a satisfactory outcome with regard to this search, so that the person concerned can develop a deeper sense of belonging to a group.

## Cultural factors that influence a person's view of their world

Before considering specific strategies that may be useful for counsellors when counselling a person from a different cultural group to their own, we need to consider a number of factors that impact on an individual's perceptions of their world. These factors will influence the person's emotional responses, thoughts, beliefs, attitudes, biases, relationships and behaviours. We will discuss these factors under the following headings:

- individual and relationship issues
- the way decisions are made
- who is perceived to be a natural helper?
- attitudes of the extended family
- gender and gender roles
- perceptions of time
- use of language
- spirituality
- physical or emotional issues
- experience of trauma.

### INDIVIDUAL AND RELATIONSHIP ISSUES

In Western society we place considerable emphasis on individuality and uniqueness, and a high value on a person's individual rights. In particular, it is generally believed



**Some cultures emphasise individuality whereas others emphasise the community**

that a person has the right to make their own decisions and to follow a lifestyle of their individual choice.

Many other cultures place a much greater emphasis on community and see an individual person in terms of the community rather than as a separate entity. In these cultures there is a sense of community responsibility and collective destiny. There is often a focus on harmonious blending and cooperation accompanied by a high respect for the role of the elderly. Many families from Southern Italy, China, Japan, Puerto Rico, Mexico and families of African-American and Indigenous Australian origin share these views.

Respect from children for their parents is a very strong value in many Chinese families. This respect is shown not only by holding parents in high esteem but also by obeying them. This contrasts markedly with Western culture, where elderly people are often not greatly valued but parental obligation to children and respect for children's rights is emphasised as being of great importance. Counsellors need to be aware of cultural differences such as these so that they can recognise conflicts that may arise in a person as a consequence of pressure caused by being exposed to conflicting cultural value systems. Inner conflict may also arise in a person when they are faced with choosing between loyalty to parents and the pursuit of their own individual goals.

### THE WAY DECISIONS ARE MADE

The way in which people make decisions depends to a great extent on their cultural background. In some cultures making decisions is most appropriately done in the company of other family members. In other cultures, when making decisions a higher priority is placed on maintaining harmonious relationships than on expressing an individual point of view. This is generally the case for Aboriginal people, where decisions to seek help may be the result of a community concern rather than a response to the personal problem of an individual. Typically when Aboriginal people seek help from non-Aboriginal helpers, they will make the request for help informally and through a casual meeting in an everyday social setting.

Counsellors who are not Aboriginal themselves and are working with Aboriginal people also need to be aware of a number of other issues. They may need to use a 'go-between', particularly if the business to be discussed is so sensitive that

**Informal settings are more comfortable for people from some cultures**

the person cannot discuss it openly. Additionally, the gender of the counsellor is important, because some issues fit into the categories of women's business or men's business and cannot be discussed with members of the opposite sex. Also, it is important that the person be given the choice of the meeting location. In some cases, they might choose to use a community facility, but in other cases it may be



more appropriate to use a less formal setting. When helping a family it may be more appropriate to use an area outside of the family's home rather than expect to go into the home, particularly as inviting a non-Aboriginal stranger inside the house would be contrary to normal practice (Vicary & Andrews, 2000).

Decisions in Chinese families are generally made in quite a different way from decisions in Western families. In many Western families, decisions are made through democratic discussion and negotiation. However, in Chinese families communication patterns tend to flow down from those of perceived higher status. Consequently, in many families the father makes major decisions with little input from others.

### **WHO IS CONSIDERED TO BE A NATURAL HELPER?**

Some Asian cultures put a high value on age and respect for elders, and will consult with elders when they need advice or counselling help. Because of this, people from these cultures prefer to work with older counsellors, and may find it difficult or impossible to work with young ones. In this regard it is sometimes useful for counsellors to seek the assistance of someone who is aware of cultural norms. This person can then assist by acting as a consultant to provide guidance and information with regard to possible ways of helping a particular person.

When a non-Aboriginal counsellor is working with an Aboriginal person or persons, it may be useful to talk with local elders first. This can be helpful in enabling networks to be developed. Elders can then provide introductions and permission to talk with others. This is useful in building trust, which is likely to promote more positive outcomes for the counselling process.

### **ATTITUDES OF THE EXTENDED FAMILY**

Whenever possible, it is advantageous for a counsellor to gain an understanding of the prevailing social system in the family of the person who seeks help. It can be useful for the counsellor to familiarise themselves with family customs and rules, particularly with regard to verbal exchanges between people. For example, Aboriginal families generally include a wide network of people, many of whom are related in ways that could be considered distant in non-Aboriginal society. Relationships within the extended family are characterised by obligation and reciprocity. Strong restrictions are typically imposed on contact or sharing of information between certain categories of relatives. It is also important to note that in Aboriginal societies it is forbidden to say the name of a deceased person, see any photograph of the person, or use anything belonging to the person until a significant period of time has elapsed since the death.

It can be useful for a counsellor to learn about the child-rearing practices of a person who seeks their help, if these are relevant to counselling—these practices vary

**Care needs to  
be taken to  
avoid offending  
traditional  
customs**



markedly across cultures. For example, in some cultures there may be emphasis on the nuclear family, whereas in others the emphasis is on the extended family.

Generally, in Chinese families, child-rearing practices are focused on emphasising the importance of family ties and obligations. Praise is given for actions that are seen as benefiting the family and guilt-inducing techniques are used to maintain discipline. Children are expected to retain emotional ties with the mother, and a respectful attitude towards the father, even when they have become adults. Consequently, it is not unusual for counsellors to find that some people from a Chinese background will find it difficult to make the choices they would prefer to make because of concern that they may upset their parents. From a Western perspective this concern could be incorrectly perceived as the person being overly dependent. However, Western counsellors need to take care when working with such people, because assisting a person to become more independent might have undesirable consequences for them. Clearly, a person's cultural background needs to be respected so that they are empowered to make decisions that fit for them.

### **GENDER AND GENDER ROLES**

The norms regarding relationships between members of the same sex and members of the opposite sex vary markedly across cultures. In order to join effectively with a person when trying to help them with relationship issues, it is advantageous if counsellors are able to gain some understanding of cultural norms with regard to relationships. Additionally, gender-based norms regarding behaviour, roles and expectations vary depending on culture. We will now consider a few examples to illustrate cultural differences relating to gender.

In some Aboriginal communities, mothers- and sons-in-law rarely speak directly to each other, and similar taboos also exist between other members such as men and their brothers-in-law. In these communities certain topics (for example, sexual activity) should not be discussed with a person of the opposite sex. As a result, the fears, expectations and consequences of violating culturally accepted codes will obviously have a large impact on a person's willingness to talk about these issues in counselling.

### **PERCEPTIONS OF TIME**

For most cultures a linear view of time is appropriate. However, for several South American countries, and for Australian Indigenous people, time is viewed in terms of 'being'. Previously agreed-upon times for meeting may not necessarily hold. This needs to be remembered and respected by counsellors who come from other cultural backgrounds where time keeping is the expected norm and failure to keep time is considered inconsiderate and impolite. Consequently, when negotiating appointment times with people from cultures where time is not considered to be linear, it is



sensible and respectful to recognise the person's perceptions of time and time keeping, and to re-adjust expectations. For example, when arranging a meeting time with an Aboriginal person, it may be helpful for the person to be invited to select the times that suit them best.

When working in a cultural environment where time is viewed in terms of 'being', it is generally not advisable to miss or change meeting times, as consistency can be a major factor in promoting trust so that the individual or family can develop a positive relationship with the counsellor. What is required is consistency with flexibility.

**We need to respect that the person seeking help may have a different concept of time from ours**

## USE OF LANGUAGE

The way language is used will have a significant influence on the effectiveness of communication between the person seeking help and the counsellor. Figures of speech, complex communication, proverbs and quotations may either be familiar or confusing depending on the person's culture. Additionally, it is important to recognise that there may be significant or subtle differences in the vocabulary and meanings of words in different cultural environments. Consequently, the fact that a person is communicating in English with an English-speaking counsellor may be misleading if the counsellor does not realise that there are subtle differences in the use and meaning of particular words.

Martine Powell (2000) lists a few differences that can be useful when counselling Aboriginal people. For some Aboriginal people the word *half* may mean a small part but not necessarily 50 per cent. *Afternoon* may refer to the cool part of the day from 4.30 pm to dusk. The word *guilty* may be used only in reference to murder. The term *brother* may include cousins and other extended family members. Some Aboriginal groups use *he* and *him* to refer to males, females or objects and to more than one person. Aboriginal groups, when referring to past events, frequently use the present tense when speaking in English.

When working with Torres Strait Islanders it should be remembered that the word *kill* does not necessarily mean to kill dead.

## SPIRITUALITY

For many people throughout the world spiritual beliefs hold a very high level of importance. If these beliefs are challenged or questioned the person concerned may well be alienated. As counsellors, when working with people from other cultures, or people who have different beliefs from ours, we need to suspend our own beliefs. In order to join with and help a person we need to try to understand their spiritual

**It is important to respect a person's spiritual values and beliefs**



beliefs and to see their world in the context of those beliefs. This may be particularly important with respect to a person's beliefs with regard to the role and function of traditional healers and spiritual and religious influences.

Spirituality pervades every aspect of the lives of people from most indigenous cultures. For example, Aboriginal communities have strong spiritual traditions where dreams and beliefs about how mystical forces can influence nature figure prominently.

### PHYSICAL OR EMOTIONAL ISSUES

When listening to a person's story it can be useful to remember that not everyone appreciates the value of using a systematic flow of ideas with careful delineation of issues. To use a metaphor, some people prefer to allow their thoughts to wander around rather than to be focused on heading in one direction. However, this process can be useful, as what is likely to occur is that their thoughts will add significant elements to central themes in their story from time to time.

Particular cultural groups who have a common history of past experiences that unite them and help them to define who they are may also experience emotions which are common to the group. It is useful to understand the common history and the emotions that are associated with that history. For example, counsellors of any ethnic background who meet with people with a history of white oppression need to understand, appreciate and respect the anger that this generates; counsellors need to understand their own response to that anger, whatever that may be, and deal with that response appropriately so that the counselling relationship is enhanced.

Issues brought to counselling sometimes reflect connections between the individual and the community. For example, the Aboriginal perception of connections between the individual, the community and the land influences the way in which Aboriginal people view problems. This has implications for counselling. For example, individuals from non-Aboriginal communities might view alcohol abuse as being a personal problem requiring an individual treatment program. However, this solution may make little sense to some Aboriginal people who may perceive the origin of the difficulty as related to external forces such as the stolen generation, poor prospects of employment or racism. It would clearly be counter-productive, and in our view unethical, for counsellors with different beliefs to these to try to change such cultural beliefs. As counsellors, if we are to assist those who seek our help so that we maximise their opportunity to change in ways that are appropriate for them, then we must fully respect, and work within, the frameworks that make sense to them and that result from their cultural heritage.

Many Maori people view the physical environment as personified with the power to influence physical and emotional healing. Additionally, any insights that a Maori person discovers will be viewed as having a spiritual container (Bowden, 2000).



Clearly, a counsellor working with a Maori person needs to recognise, respect and understand this.

In traditional Chinese culture emotional expression is restrained and displays of emotional reactions do not typically occur outside the family. Feelings are usually not openly expressed except by young children. Often, if a counsellor attempts to encourage a Chinese person to express emotions directly they may be met with resistance and this is likely to be counter-productive. Additionally, such people may have difficulty in identifying, acknowledging and communicating emotional states, because they are not used to doing this. The emphasis in counselling should therefore be on the indirect expression of positive and respectful feelings. For example, interest may be shown in the ways that members of a family show how they care for each other. This focus on behaviour is respectful and indirect.

### EXPERIENCE OF TRAUMA

The way that individuals respond to traumatic experiences will differ depending on their cultural beliefs. People from some cultures hold the belief that individuals are responsible for their own misfortune. In contrast to this, people from other cultures may view misfortune as being imposed on an individual by an outside agency such as bad luck, or may view misfortune as the consequence of bad behaviour.

### Strategies and techniques when counselling a person from another culture

As counsellors, we need to develop culturally relevant ways of helping each person. Ideally, a counsellor should have knowledge about the particular group and culture of the person seeking help. However, it is obvious that this will not always be the case. There are many occasions when a counsellor will not have much information about the person's cultural background. In such cases it may be useful to encourage the person to extend their story to include relevant information relating to cultural issues. If a counsellor can do this successfully, they may be able to further their knowledge about the person's family, values, attitudes, beliefs and behaviours. Additionally, they may discover information about the characteristics of the person's community, and the resources in that community and in the family concerned, enabling them to understand, join with and be more helpful to the person.

While exploring cultural issues with a person seeking help, it is important for the counsellor to be aware of and recognise their own cultural beliefs so that these do not intrude on the person-to-person counselling relationship. In any exploration of cultural issues the aim is to produce a better relationship with the person and to understand their problems more fully. During a counselling session

**By joining with  
the person we  
can learn from  
them about  
their cultural  
background**



it is not justifiable for a counsellor to explore cultural issues out of curiosity or merely to satisfy their own personal needs.

As a counsellor it is essential to avoid stereotyping people in relation to their racial or ethnic background. We need to remember that all human beings are unique individuals. Even though we each may have particular ethnic backgrounds, the extent of our individual differences makes us all into very different people. However, just as an over-emphasis on cultural issues may obscure the personal and individual issues of a person, an over-emphasis on individuality may obscure cultural issues. As counsellors we need to treat each person as an individual, recognising their personal issues in the wider context of their cultural background and the cultural background of the wider society in which they live.

Counsellors need to be aware that not only are there individual differences between the people from a particular ethnic group but also there may be significant differences between sub-groups within an ethnic group. For example, Aboriginal culture and language differ markedly across different groups, and members within any particular group differ in their adherence to the group's cultural traditions and practices (Powell, 2000).

When counselling a person from a different culture, the counsellor may need to take responsibility for helping the person to understand the counselling process and issues relating to goals, expectations, legal rights and the counsellor's orientation. Negotiation and contracting may be required in order to provide a counselling service that is acceptable and useful for the person.

It can be useful for a counsellor to be able to engage in a variety of verbal and non-verbal helping responses so that they are able to send and receive both verbal and non-verbal messages accurately and appropriately. In order to do this satisfactorily, it can be helpful for a counsellor to be aware of the ways that their own communication style is different from that of the person seeking help. This will enable them to recognise how differences in style may interfere with the counselling process. Counsellors also need to recognise that there is almost always more than one method or approach suitable for helping any particular person, and that some helping styles may be culture-bound. Counsellors should have an open mind so that they are able to use alternative ways of working. For example, it may be useful for a counsellor to consult with or work in conjunction with a traditional healer or spiritual leader, when counselling a person from another culture.

### **ESTABLISHING RAPPORT**

When counselling people from some cultural groups, joining and engaging may involve a lengthy process. For example, when working with Aboriginal people, counsellors need to spend time discussing their own background, where they have lived



and worked, and who they might know in other Aboriginal communities. By doing this it may be possible to create an atmosphere of trust by identifying some common connections with other people or places.

### **EYE CONTACT**

Attending behaviours vary from culture to culture and from individual to individual. In fact, individual differences among people may be as important as cultural patterns.

In some cultures, when listening to a person, direct eye contact is appropriate, but when talking, eye contact should be less frequent. This pattern may be directly opposite or may not apply in other cultures. In particular, many Aboriginal people find direct eye contact unfriendly and intimidating.

### **BODY LANGUAGE AND PHYSICAL SPACE**

Most counsellors pay a lot of attention to the body language of the person seeking help. However, as counsellors, we need to be very careful about interpreting body language. The only person who can accurately and consistently interpret a person's body language is the person themselves. Even so, as counsellors, it is important for us to learn what we can from body language cues. When a counsellor works with a person from the same cultural background as their own, the meaning of body language is often fairly clear, and this can easily be confirmed by checking with the person. When working with a person from a different culture, it is far more difficult to make interpretations regarding body language because there are considerable variations in cultural norms.

In most cultures, when two people are holding a conversation they prefer the distance between them to be at least an arm's length. However, this norm is not universal. In some Arab and Middle Eastern cultures a conversational distance of 30 cm or less is generally the accepted practice. Such close proximity would be uncomfortable for many Western people.

Shaking hands is generally seen as a sign of welcome in Western culture. However, it can be risky to assume that this is the case in other cultures. Indeed, in some cultures if a male gives a female a handshake, this may be seen as giving a sexual invitation.

In Aboriginal culture restlessness does not necessarily indicate inattention. Additionally, eye, head or lip movements may be used to indicate direction of motion, or the location of a person or event being discussed.

### **LANGUAGE AND TRANSLATION ISSUES**

People are best able to express themselves meaningfully in their own language (Ivey et al., 2006). It may therefore sometimes be sensible and appropriate for a counsellor to make use of an interpreter in a counselling session. We have done this on a number of occasions with success, but recognise that there are some problems in doing this. Firstly, unless the person seeking help feels comfortable with and trusts the interpreter, they



may not feel able to disclose important and relevant personal information. Secondly, it is possible that the interpreter's own personal issues might intrude on the counselling process. Additionally, where highly emotional personal issues are raised, it may be necessary for the counsellor to help the interpreter to debrief. If this is not done, the interpreter may be left with uncomfortable and disturbing feelings.

### **Interpreters have feelings too!**

When working with an interpreter, the counsellor's understanding of the interpreter's use of language is important. Sometimes, in the transfer of information from the counsellor to the interpreter to the person seeking help, and from the person to the interpreter to the counsellor, subtle and important changes in meaning may occur.

### **MICRO-SKILLS**

When working with a person from a different cultural background the most important thing for a counsellor to remember is to focus on creating a trusting relationship. This may mean making progress more slowly rather than attempting to encourage the person to talk through sensitive personal issues too early in the process. It is also important to be congruent and this requires the counsellor to be honest and open about their limitations, particularly with regard to their understanding of the person's cultural background.

Once rapport has been developed, it may be sensible and possible for a counsellor to invite the person to give them feedback if they become uncomfortable with any part of the process.

Counsellors need to be familiar with the use of all of the micro-skills described earlier in this book. However, early in the process of relationship building it may be useful to focus more heavily on active listening than on using other skills. In particular, it needs to be remembered that a question-and-answer style of gathering information may be alien to people from some cultures, so until you are confident of a person's cultural norms in this regard, it is wise to avoid the use of questions as much as is possible and to use a less intrusive and more indirect style of relating.

Particularly when working with Aboriginal people, direct questions should be avoided, as they are considered intrusive and discourteous. When seeking personal details relating to people from this group, counsellors may gain by sharing information about themselves and then allowing some time for silence. This can give an indirect indication of the type of information that may be useful, without an obligation to respond immediately. This is important, because silence is a positively valued part of Aboriginal conversations. Consequently, Aboriginal people typically take longer to respond. Generally, the most useful information obtained from counselling sessions with them is information that emerges freely in a narrative style of conversation. This is likely to occur when people are encouraged to provide an account of events or situations in their own words, at their own pace, and without interruption.



## Learning summary

- The most important factor in producing successful outcomes when counselling a person from another culture is the counsellor's ability to join with them so that a good, trusting working relationship is established.
- Counsellors need to be aware of their own racial and cultural heritage, and to understand how that heritage has affected their attitudes, beliefs, values, prejudices and biases.
- The emotional responses, thoughts, beliefs, attitudes, biases, relationships and behaviours of a person seeking help will be affected by a number of factors. These include individual and relationship issues, the way decisions are made, who is perceived to be a natural helper, attitudes in the extended family, gender and gender roles, perceptions of time, use of language, spirituality, physical or emotional issues, and experience of trauma.

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# Chapter 39

## Confidentiality and other ethical issues

The first part of this chapter will be devoted exclusively to confidentiality, because it is one of the most important ethical issues for a counsellor. Other aspects of professional ethics will be considered in the second part of the chapter.

### Confidentiality

For counselling to be maximally effective, the person seeking help must feel secure in the knowledge that what they tell the counsellor is to be treated with a high degree of confidentiality. In an ideal world they would be offered total confidentiality so that they would feel free to openly explore with the counsellor the darkest recesses of their mind, and to discuss the most intimate details of their thoughts. As new counsellors we naively believed that we could at all times give those who sought our help an assurance that what was said in a counselling session was between them and us and would not be discussed with others. We very soon learnt that this was an idealistic belief and found that in practice it is generally not possible, advisable or ethical to offer total confidentiality.

As a counsellor you may at times be troubled by some personal difficulties regarding confidentiality and may need to talk with your supervisor about these. Counsellors are faced with a dilemma with regard to confidentiality. Unless we give a person who seeks our help an assurance that what they tell us will be in confidence, they are unlikely to



be open with us. However, there are limits to the level of confidentiality that we can offer, and we need to be clear with the people who seek our help about these limits. Most importantly, as counsellors we need to be aware of the limits to the confidentiality that we are offering.

**Absolute confidentiality is often not possible**

Many experienced counsellors would agree that promising total confidentiality is unethical (Shillito-Clarke, 2009). It is certainly true that confidentiality is compromised by the following:

- the need to keep records
- the requirements of the counsellor's own supervision
- the need to protect others
- working in conjunction with other professionals
- participation in educational training programs, conferences, workshops and seminars
- cases where the law requires disclosure of information.

The above list will now be discussed in detail.

### THE NEED TO KEEP RECORDS

As explained in Chapter 37, there are compelling reasons for keeping good records. Counsellors who work in agencies frequently use computerised systems or centralised filing systems for such records. This may make it possible for other counsellors and non-counselling staff such as receptionists and filing clerks to have access to confidential records. Some counsellors omit to note certain categories of sensitive material on their record cards as a way of protecting those who seek counselling help. However, there are obvious consequences if this policy is adopted, as important information may be overlooked or forgotten during subsequent counselling sessions. Clearly, for the protection of those who seek help, computerised records need to be protected by adequate security systems. Similarly, hard-copy records should not be left lying around in places where they can be read by unauthorised people, and should be stored in lockable filing cabinets or in a secure filing room.

### REQUIREMENTS OF THE COUNSELLOR'S OWN SUPERVISION

The requirements of professional supervision, as described in Chapter 40, demand that counsellors be free to fully disclose to their supervisors material relating to people who are seeking help. This is essential if the best possible service is to be provided, and is also necessary for the wellbeing of counsellors themselves. Some

**Counsellor supervision is in the best interests of the people who seek help**



counsellors openly talk with the people who seek their help about the requirements of professional supervision and sometimes it can be reassuring for a person to know that their counsellor is receiving supervision.

### THE NEED TO PROTECT OTHERS

Experienced counsellors sometimes work with people who are contemplating suicide, with people who can be dangerous, and with those who have committed serious offences against other people and may possibly repeat such behaviour. Counsellors have responsibilities to those who seek help and also to the community. Consequently, there may be instances where a counsellor needs to divulge information to protect the person who is seeking help from self-harm, or to protect a third party. For example, if a counsellor knows that the person who is seeking their help possesses a gun and intends to kill someone, then it would be unethical and irresponsible if the person at risk, the police and the psychiatric authorities were not informed. Consultation with a supervisor or experienced practitioner is strongly recommended, whenever this would not cause undue delay. The aim should be to ensure that the person seeking help receives a high level of care that is as respectful of their capacity for self-determination as circumstances permit, while also ensuring the safety of others who may be at risk.

### WORKING IN CONJUNCTION WITH OTHER PROFESSIONALS

Professionals such as psychiatrists, medical practitioners, psychologists, social workers, clergy and welfare workers frequently phone counsellors to talk with them about people who are seeking their help, and also seeking the counsellor's help. It is sometimes in the interests of such people for other professionals to be appropriately informed about their

**It may be advantageous for the person seeking help if the counsellor works in collaboration with other professionals**

situations. It is also desirable for counsellors to maintain good working relationships with other helping professionals. Sensible judgments need to be made about what information can be, and is, disclosed, and what is withheld. It is important to try to avoid compromising a person's trust in you as a counsellor and to respect their rights as a person.

If as a counsellor you believe that it is desirable that sensitive material relating to a person seeking help be disclosed to another professional, then, unless there are unusual and compelling reasons for not doing so, the permission of the person concerned should be obtained. Obtaining their permission involves informing them about what you wish to do and why. They are then able to give *informed consent*. Preferably, this informed consent should be verified in writing so there can be no misunderstanding. Many agencies have a standard consent form which can be used when information is to be shared. The general practice is for this form to be discussed with the person concerned and then signed by both the person and the counsellor.



Where two or more members of a family require counselling help, family therapy may be useful. However, if family therapy is not possible, or is considered inappropriate, then the helping professionals involved with individual members of the family are likely to achieve more successful outcomes if they consult with each other, have case conferences and work together as a team. If such cooperation and teamwork is to occur the process needs to be made transparent to all family members involved, and their consent for the sharing of information needs to be obtained.

Sometimes you may discover that a person who is seeking counselling help from you is also consulting another counsellor. There is rarely justification for two counsellors to work with the same person, so after discussion with the person it is sensible to contact the other counsellor to decide who will take over the case. However, as with most situations, there can be exceptions. In a small number of cases, if good contact is maintained between two counsellors, it may be possible for them to both remain involved provided that they agree in setting clear boundaries and goals for the work that each of them will undertake.

### **EDUCATIONAL TRAINING PROGRAMS, CONFERENCES, WORKSHOPS AND SEMINARS**

Another problem area regarding confidentiality concerns ongoing training, upgrading of skills and sharing of new techniques. Counsellors need to grow and develop as people and as counsellors. This can partly be done through personal supervision and partly through large group sharing at conferences, seminars, workshops and case conferences. Material relating to people who sought, or are seeking help, that is presented at such events can sometimes be disguised by changing names and other details, but often this is not possible, particularly when DVD recordings of counselling sessions are used. However, we should stress that it would be unethical to use material in this way without the prior written consent of the people involved who sought, or are seeking, help. Moreover, there could be legal as well as ethical problems if consent is not obtained.

### **WHERE THE LAW REQUIRES DISCLOSURE OF INFORMATION**

Confidentiality may be limited by legal intervention. Sometimes counsellors are subpoenaed to give evidence in court and in such cases withholding information may be in contempt of court. Additionally, mandatory reporting is required by counsellors from certain professions in some countries or states with regard to issues such as child abuse.

### **Respecting a person's right to privacy**

Clearly, from the preceding discussion, there are many reasons why confidentiality in the counselling situation is limited. However, it is the counsellor's task to ensure that confidentiality is preserved as far as is sensibly, legally and ethically possible.



**We all like to  
have our privacy  
respected**

Assure the people who seek your help that you will do this to the best of your ability, because they need to feel that whatever they share with you is protected information, which will not be carelessly or unnecessarily divulged to others. It is quite unethical to talk about a person who is seeking help, or material related to them, to any person whatsoever, except in the circumstances previously described in this chapter. What a person shares with you is personal property and must not be shared around, so if you do have a need to talk about a person seeking help or their issues, then talk with your supervisor.

You will need to make your own decisions, in consultation with your supervisor, about how best to deal with the confidentiality issue. Our policy is to be up-front with the people who seek our help and to explain the limits of confidentiality as they apply. For example, when we worked for an agency that had a particular confidentiality policy, we were careful to inform the people seeking help of the policy from that agency. As private practitioners, if we believe that it would be useful or sensible to divulge information for an ethically acceptable and professional reason, then we obtain the informed consent of the person involved.

## Professional ethics

The issue of confidentiality has been discussed in some detail. However, there are many other ethical issues for counsellors, and a new counsellor needs to be informed of these. Many counsellors belong to professional associations with codes of ethical conduct. These codes are readily available on request, and it is sensible for a new counsellor to read through the relevant code for the relevant profession.

Some important ethical issues are included in the list below, and these will be discussed in subsequent paragraphs:

- respect for the person seeking help
- limits of the person-to-person counselling relationship
- responsibility of the counsellor
- counsellor competence
- referral
- termination of counselling
- legal obligations
- self-promotion.

### **RESPECT FOR THE PERSON SEEKING HELP**

Regardless of who the person seeking help is, and regardless of their behaviour, they have come to you for help and deserve to be treated as a human being of worth. If you



treasure them, through feeling valued they will be given the optimum conditions in which to maximise their potential as an individual. Most helping professionals agree that within each of us is the potential for good, and for that potential to be realised we need to feel OK about ourselves. Counsellors therefore have a responsibility to facilitate the process that enables those who seek their help to feel OK about themselves, and to increase their feelings of self-worth.

If we try to impose our own moral values on the people who seek our help, then we are likely to make them feel judged and to damage their self-worth. Moreover, they are likely to reject us as counsellors and to reject our values too. Paradoxically, if we are able to accept them, with whatever values they have, we are likely to find that as time passes they will move closer to us in their beliefs. This is inevitable because, as counsellors, we are, whether we like it or not, models for the people who seek our help. We have a responsibility to be good models. In this regard, it can be useful to create opportunities for those who seek our help to give us feedback about their experience of the counselling process. By doing this we can demonstrate respect for their views and their right to have some influence in the counselling relationship.

We need to remember that the interests of the person seeking help must take precedence over the counsellor's during the counselling process. It is not ethical to use counselling sessions with people who seek help to work through our own issues. The correct time for working through our issues is in supervision sessions.

### **LIMITS OF THE COUNSELLING RELATIONSHIP**

In all our relationships we set limits. Each of us has a boundary around us to preserve our identity as an individual. The strength of that boundary, and its nature, depends on who the relationship is with, and on the context of the relationship. The person-to-person counselling relationship is a special type of relationship, established by the person seeking help for a particular purpose. They enter into the relationship entrusting the counsellor with their wellbeing and expecting that the counsellor will, throughout the relationship, provide them with a safe environment in which they can work on the issues that trouble them.

As discussed previously, the person-to-person counselling relationship is not an equal relationship and inevitably, whether the counsellor wishes it or not, they are in a position of power and influence. Counsellors often work with people who are in highly emotional states and are consequently very vulnerable. The way that a counsellor relates to a person seeking help is not characteristic of human behaviour generally. A counsellor devotes most of their energy to listening to, and understanding, the person, so the person sees only a part of the counsellor's character. In these circumstances, they may perceive a counsellor as unrealistically caring and giving. The counsellor's power



and the person's biased perception combine to make the person very vulnerable to offers of friendship or closeness.

The counsellor is also vulnerable. In the counselling relationship, the person seeking help often shares innermost secrets, and so inevitably there may develop a real closeness between the person and the counsellor. Counsellors learn to be empathic, and so they develop special relationships with the people they seek to help. If they are not careful they too become vulnerable to offers of closer relationships than are appropriate. Counsellors therefore need to be careful not to discount signs that the counselling relationship is being compromised.

**Counsellors can  
be vulnerable  
too!**

Unfortunately, it is almost always unhelpful and damaging to the person seeking help when the counselling relationship is allowed to extend beyond the limits of the counselling situation. If such an extension occurs, the counsellor's ability to attend to the person's needs is seriously diminished, and there may well be serious psychological consequences for them.

As a counsellor, it may at times be hard to refuse invitations to resist forming a closer relationship with a person seeking help than the counselling situation allows. However, it is important to remember that if we do not set appropriate boundaries we will be satisfying our own needs at the expense of the person seeking help. We will have abused our special position of trust as a professional, and we will have to live with that knowledge, and with any more serious consequences. Unfortunately, when counsellors breach appropriate boundaries they may damage or diminish the usefulness of the counselling process and reduce the possibility that the person seeking help will in the future seek further counselling help. Be aware of the danger signals if you notice that your relationship with a person seeking help is becoming too close, and bring the issue into the open by discussing it with your supervisor and with the person, if that is appropriate.

Counsellors need to exercise care if they physically touch a person seeking help in any way. Unwelcome touching is not only unethical but may also be construed as sexual harassment.

### RESPONSIBILITY OF THE COUNSELLOR

Counsellors frequently experience a sense of conflict between their responsibilities to the person seeking help, to the agency that employs them, and to the community. You will at times need to make your own decisions about which of these responsibilities needs to take precedence, and in our view the decision is unlikely to always be the same. If you are in doubt about any particular decision, consult your supervisor.

Clearly, the counsellor has a responsibility to the person seeking help and needs to directly address their request for counselling help. When a person comes to you for confidential help, you have an obligation to give them that, or alternatively to be



clear with them about why you are not able to do that. You cannot ethically fulfil their needs if providing a person with confidential help would:

- involve working in opposition to the policies of the organisation that employs you
- involve a breach of the law
- put other members of the community at risk
- be impossible for you personally.

However, in these situations you need to be clear with the person seeking help about the situation, so that they understand the conditions under which they are talking to you.

Counsellors who are employed by an organisation or institution have a responsibility to that employing body. All the work they do within that organisation or institution needs to fulfil the requirements of the employing body, and to fit in with the philosophical expectations of the employing body. For example, when we both worked for the Child and Youth Mental Health Service in Queensland, it was our responsibility to comply with the policies of the Queensland Department of Health. If we had not been able to do that, then we would have had an ethical responsibility to discuss the issue with our employer, or to resign.

**Counsellors have a responsibility to the person seeking help, their employer, the community, and themselves**

Counsellors have to be aware at all times of their responsibilities to the community at large. As discussed earlier, this raises problems with regard to confidentiality. Whenever a member of the community is at risk, or property is likely to be damaged, or other illegal actions are likely to occur or have occurred, then a counsellor needs to make a decision regarding what action is needed. Often such decisions do not involve choosing between black and white, but rather between shades of grey, and sometimes counsellors find it difficult to decide what is most appropriate in order to serve the needs of the person seeking help and the community in the long term. At these times the sensible approach is for the counsellor to talk through the ethical issues with their supervisor.

## COUNSELLOR COMPETENCE

A counsellor has a responsibility to ensure that they give the highest possible standard of service. This cannot be done without adequate training and supervision. All counsellors need to attend to their own professional development and to have supervision from another counsellor on a regular basis. Failure to do this is certain to result in the counsellor's own issues intruding into the counselling process, and this will be to the detriment of the people who seek their help (see Chapter 40).



A counsellor also needs to be aware of the limits of their competence. We all have limits professionally and personally, and it is essential that as counsellors we are able to recognise our limits and to be open with people who seek our help about those limits. They have a right to know whether they are seeing someone who has, or does not have, the necessary abilities to give them the help they require.

### **REFERRAL**

When a person's needs cannot be adequately met by a counsellor, then that counsellor has a responsibility to make an appropriate referral, in consultation with the person, to another suitable professional. However, it is not appropriate for a counsellor to avoid all difficult and unenjoyable work by excessively referring people to others. There is a responsibility on all counsellors to carry a fair load, and to be sensible about referral decisions. Such decisions are best made in consultation with a counsellor's supervisor.

Instead of referring to a more qualified and experienced counsellor, it may sometimes be appropriate for a counsellor to continue seeing a person seeking help while undergoing intensive supervision. If this happens, then the counsellor has a responsibility to inform the person and seek their approval.

Often, referral is useful where people have special needs. For example, people with particular disabilities, people from other cultures and people who speak another language may benefit from referral to an agency (or professional) that can provide for their specific needs. When referring a person to another professional, it may be useful to contact the professional to whom the referral is being made, with the person's permission, to ensure that the referral is acceptable and appropriate.

### **TERMINATION OF COUNSELLING**

Termination of counselling needs to be carried out sensitively and with appropriate timing (see Chapter 12). It is not ethical to terminate counselling at a point where the person seeking help still needs further help. If for some unavoidable reason (such as leaving the district) you need to do this, then it is incumbent upon you to make a suitable referral to another counsellor who can continue to give the necessary support.

### **LEGAL OBLIGATIONS**

Counsellors, like all other professionals and every other member of the community, need to operate within the law. Therefore, as a counsellor, you need to familiarise yourself with the relevant legal requirements for your profession. It is particularly important to know whether reporting of specific behaviours (for example, suspected child abuse) is mandatory.

### **SELF-PROMOTION**

Most professional associations for counsellors have specific rules about advertising. There is clearly an ethical issue with regard to the way in which counsellors describe



themselves and their services. It is unethical for a counsellor to make claims about themselves or their services that are inaccurate or cannot be substantiated. Counsellors who do this not only put the people who seek help at risk, but may also face the possibility of prosecution.

## Learning summary

- For counselling to be most effective, a high degree of confidentiality is required.
- Confidentiality is limited by the need to keep records, professional supervision, the law, the protection of others, participation in training conferences, and cooperation with other professionals.
- Professional ethics relate to issues such as respect for the person seeking help; limits to the relationship with them; responsibility to them, the employing agency and the community; competence; referral to others; termination of counselling; legal obligations; and self-promotion.

## REFERENCES AND FURTHER READING

- Bond, T. 2009, *Standards and Ethics for Counselling in Action*, 3rd edn, Sage, London.
- Corey, G., Corey, M.S. & Callanan, P. 2006, *Issues and Ethics in the Helping Professions*, 7th edn, Brooks/Cole, Pacific Grove, CA.
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# Chapter 40

## Counsellor training and the need for supervision

In order to qualify as a professional counsellor, a person needs to complete an accredited course of study and training, have ongoing supervision, and meet the requirements of the relevant counselling professional body in their country of residence. In Australia there are two professional bodies. Membership of either of these can lead to national registration as a counsellor. The two bodies are the Psychotherapy and Counselling Federation of Australia (PACFA) and the Australian Counsellors Association (ACA).

We believe that it is not sufficient for counsellors just to complete an academic training course. Additionally it is desirable that training should include either personal therapy or experiential groupwork, and also attendance at professional development workshops.

Both during and subsequent to training all counsellors need to undergo ongoing supervision so that they can debrief, discuss their work, improve their skills and address personal issues that might be triggered as a consequence of counselling others.

When in supervision counsellors often find themselves in a position similar to that of a person seeking counselling help, as they seek to resolve their own personal issues, which may have been triggered by the work they are doing, or have done, as a counsellor.

Counsellors are required to maintain their current accreditation by undergoing professional development activities to demonstrate a commitment to ongoing training and development. Most importantly they are required to practise in accordance with the relevant code of ethics for counsellors in their state or country of residence.



## Why is supervision needed?

As counsellors we must value the people who seek our help so that we offer them the best possible counselling service. It is therefore not ethical for a person seeking help to be seen by a new counsellor unless that counsellor is being adequately supervised. Additionally, our belief is that all counsellors, new and experienced, should have ongoing supervision. There are several important and quite different reasons for this, including the following:

- to enable the counsellor to work through their own personal issues
- to enable the counsellor to upgrade their skills
- to provide an external review of the counselling process
- to address issues concerning dependency and professional boundaries.

We will now consider each of the above.

### TO ENABLE THE COUNSELLOR TO WORK THROUGH PERSONAL ISSUES

You may be surprised at the suggestion that supervision is required to enable a counsellor to work through their own personal issues. You may be asking, 'If counselling is for the benefit of the person seeking help and not the counsellor, why should the counsellor use counselling supervision in order to deal with their own issues?' The answer is simple: unless a counsellor owns and deals with their own issues, these issues are quite likely to interfere with their ability to counsel effectively. Frequently, a counsellor will feel emotional pain when a person seeking help discusses issues similar to the counsellor's own unresolved emotional issues. Consequently, when issues are discussed that are painful for the counsellor as a result of unresolved issues, the counsellor may consciously or unconsciously avoid their own pain in a number of ways during the counselling session:

- The counsellor might deflect away from the painful issue by encouraging the person to talk about something else.
- The counsellor might try to comfort the person rather than to help them deal with the issue.
- The counsellor might attempt to encourage the person to pursue a course of action that in some way satisfies the counsellor's own needs. The counsellor may wish, for example, that they had taken a particular course of action in their own life and may encourage the person to take a similar course.
- The counsellor may avoid facing both their own issue and the person's by failing to recognise the issues and subconsciously suppressing them.



A perceptive supervisor will spot counsellor behaviour that demonstrates avoidance of painful issues and will ask the supervisee to explore whatever was happening emotionally within them when the avoidance occurred. This means that counsellors need to be prepared to own and explore their own issues on an ongoing basis, otherwise these issues are likely to diminish the effectiveness of counselling.

Most people don't look closely at their own emotional problems unless they are causing them considerable distress. It is a natural human defence to suppress uncomfortable feelings and not to delve into them without good reason. However, a counsellor

**Effective  
counsellors  
explore and  
resolve their own  
personal issues**

must delve into uncomfortable feelings, because if they have a problem that they can't face, then it will be quite impossible for them to help a person with a similar problem. As counsellors, therefore, we need to explore and deal with all of our own painful issues as they come into our awareness. The spin-off for us is that our personal growth is enhanced when we do this.

### TO ENABLE COUNSELLORS TO UPGRADE THEIR SKILLS

Even experienced counsellors find it useful and valuable to learn from other counsellors. We all have a different range of skills and use differing styles when counselling. During our counselling careers we have both discovered that our own counselling styles have continued to change. This has enabled us to integrate new skills into our work and to continue to take a fresh approach to counselling, rather than sink into a rut and become stale.

**Effective  
counsellors never  
stop learning**

We find that it is sometimes useful for us to receive input from counsellors who use different frameworks from ours. By doing this we usually find that we learn some new ideas for enhancing our work.

Although didactic learning can be useful for counsellors, it seems to us that the experience of personal supervision is more powerful in promoting professional development. Learning through supervision can integrate skill training with personal growth. Additionally, the counsellor is reminded in supervision of what it is like to be in the position of a person seeking help. This can be helpful in enabling a counsellor to continually meet with each person seeking help as a person of equal value.

### TO PROVIDE AN EXTERNAL REVIEW OF THE COUNSELLING PROCESS

Often a person seeking help will not see what seems obvious to the counsellor. This is because the person is personally and deeply involved in their situation. In comparison, the counsellor, after joining with them and trying to see the world in the way they do, can stand back to take a more objective view and see more clearly. A parallel process happens when a counsellor is being supervised. The supervisor is able to view the



counselling process and the case details in a different way from the counsellor. The supervisor may recognise processes that are occurring for the person seeking help or the counsellor that have been unrecognised. Therefore a supervisor is able to provide useful input on ways of working with particular people who are seeking help. Additionally, helpful supervisors have the benefit of experience, which can be a source of useful information for the supervisee.

### TO ADDRESS ISSUES CONCERNING DEPENDENCY AND PROFESSIONAL BOUNDARIES

As discussed in the previous paragraph, a supervisor may recognise processes that have not been recognised by the counsellor. Of specific importance are issues of dependency and respect for professional boundaries.

It can sometimes be hard for new counsellors to recognise when the time for terminating a series of counselling sessions has been reached. This may be partly due to issues of dependence that inevitably will develop in some counselling relationships (see Chapter 12). Sometimes it is hard for a counsellor to recognise whether the person seeking help really does have a need for further counselling or whether dependency is occurring on the part of the person or the counsellor themselves.

**Both people  
seeking help  
and counsellors  
experience  
dependency  
issues**

People who become dependent on the counselling relationship sometimes produce new material for discussion when the counselling process is moving towards closure. This may be as a consequence of a subconscious or conscious desire to prolong the relationship. By discussing cases in supervision, a supervisor may be able to recognise when dependency is interfering with appropriate termination processes. Additionally, a supervisor may be able to help a counsellor devise suitable strategies for managing dependency issues.

Some counsellors have difficulty in recognising when their own personal feelings towards a person seeking help could result in behaviours that would inappropriately transgress professional boundaries, and consequently interfere with the counselling process. Additionally, new counsellors sometimes have difficulty in knowing how to respond to direct or indirect invitations for friendship and closeness from people seeking their help. Once again, supervision can help a counsellor to recognise inappropriate processes that are occurring and to develop appropriate strategies to deal with these processes.

### What does supervision involve?

There are a number of ways in which supervision can occur:

1. by direct observation with the supervisor in the counselling room
2. by direct observation through a one-way mirror



3. by observation using a closed-circuit TV
4. by use of audio- or DVD-recording and analysis
5. by direct observation together with audio- or DVD-recording and analysis
6. by use of a verbatim report.

These methods will be discussed in turn.

### **1. DIRECT OBSERVATION WITH THE SUPERVISOR IN THE COUNSELLING ROOM**

Trainee counsellors are usually apprehensive during their first few counselling sessions. A good way to help them adjust to the counselling environment is for trainees to sit in on counselling sessions conducted by their supervisors. Naturally, the permission of the person seeking help is required. Student counsellors who are allowed to do this need to understand what their supervisor expects of them. We prefer our students to take a low profile and to sit quietly out of the line of vision of the person seeking help. This reduces the likelihood of the person feeling the need to interact with both the counsellor and the student simultaneously, leaves us free to conduct the session in the way that we choose, and enables the trainee to observe without feeling pressured to participate. As the trainee's level of comfort increases, some participation by them can occur. Adopting this approach allows them to directly observe the counselling process, and to feel at ease while being in a situation where counselling is occurring. The method allows the trainee to gradually make the transition from being a passive observer to being an active counsellor under supervision.

The process just described is excellent for beginners who have had no previous counselling experience, but there can be problems connected with having both the trainee and the supervisor in the room together. Obviously, some of the intimacy of the counselling relationship is lost, and as a consequence the person seeking help may find it difficult to deal openly with sensitive issues.

### **2. DIRECT OBSERVATION THROUGH A ONE-WAY MIRROR**

The one-way mirror system as shown in Figure 40.1 provides an alternative to direct observation. Many counselling centres have a pair of adjacent rooms set up like this for training purposes and for family therapy. The one-way mirror allows a person in the observation room to watch what is happening in the counselling room without being seen. A microphone, amplifier and speaker system provide sound for the observer, so that they are able to see and hear what is happening. Ethically, it is imperative that a person seeking help who is being observed from behind a one-way mirror should be informed in advance about the presence of the observer or observers, and that consent is obtained for the session to proceed in this way.



The one-way mirror system can initially be used to enable a trainee or trainees to watch an experienced counsellor at work. Later the trainee can work as a counsellor while being observed by their supervisor and possibly by other trainees also. The system has the advantage that the supervisor is not present in the counselling room and therefore does not intrude on the counselling process. However, they are available to take over from the trainee if that becomes necessary, and they can give objective feedback after the session is completed.

### 3. OBSERVATION USING A CLOSED-CIRCUIT TV

A similar method to the one-way mirror system is to have a camera in the counselling room connected to a TV monitor in another room. However, this method doesn't provide as much visual detail as is obtained with the one-way mirror system. It is often difficult to see facial expressions if the camera has a wide-angle lens to enable most of the room to be in the picture.

One of the best methods of supervision is by use of DVD-recordings. Audio-recordings can also be used, although their usefulness is more limited because non-verbal behaviour cannot be observed. DVD-recordings of counselling sessions are a rich source of information. Not only may selected segments of a session be viewed repeatedly, but it is also possible to freeze the picture so that non-verbals may be studied.

Whenever an audio- or DVD-recording is made it is essential to obtain the prior written consent of the person seeking help, and to tell them who will have access to the recording and when it is to be erased. Many agencies have standard consent forms for this purpose. It is sensible to have such forms checked for their legal and ethical validity.

### 4. USE OF AUDIO- OR DVD-RECORDING AND ANALYSIS

Sometimes counsellors make audio- or DVD-recordings of counselling sessions without their supervisor observing at the time. Such recordings provide an excellent opportunity for supervision. The supervisor and counsellor can then review and analyse parts of the

**DVD-recordings  
can be a valuable  
learning tool**

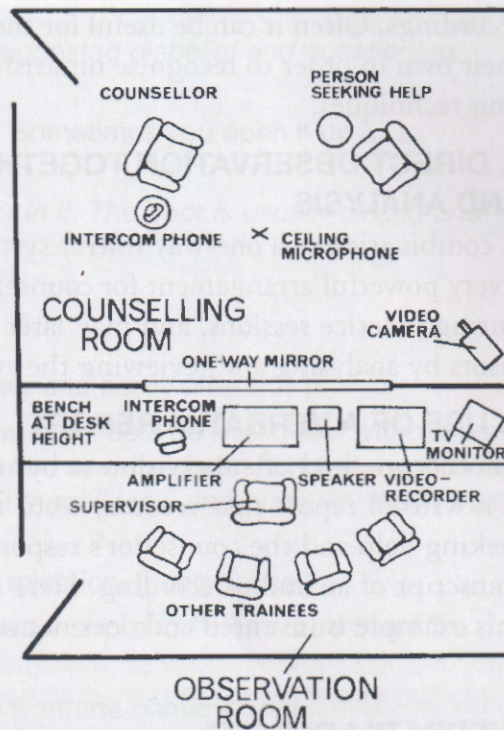


Figure 40.1 Counselling and observation rooms



recordings. Often it can be useful for the counsellor to review additional recordings on their own in order to recognise unsatisfactory processes and to improve their counselling techniques.

### 5. DIRECT OBSERVATION TOGETHER WITH AUDIO- OR DVD-RECORDING AND ANALYSIS

A combination of a one-way mirror system together with audio- or DVD-recording is a very powerful arrangement for counsellor training. Trainees can be directly observed during practice sessions, and may later process their work in detail with their supervisors by analysing and reviewing the audio- or DVD-recordings.

### 6. USE OF A VERBATIM REPORT

Another method of supervision is by use of the verbatim report. A verbatim report is a written report that records, word for word, the statements made by the person seeking help and the counsellor's responses. It may be produced from memory, or as a transcript of an audio-recording. Here is an example of a verbatim report. Note that this example is invented and does not relate to a real person or counsellor.

#### VERBATIM REPORT

**Name of counsellor:** Fiona Smith

**Name of person seeking help:** Simon Anonymous

**Date of counselling session:** 19.1.11

**Background information about the person:** Simon is 36 years old, has been married twice and has two children: a girl, 12, and a boy, 10. Both children are living with Simon's second wife. He lives alone.

This was Simon's second visit to see me. He came a week ago feeling tense and depressed. He told me that he was worried about his inability to build lasting relationships with women, and he couldn't understand why.

**My feelings and attitudes prior to the session:** I was feeling good and was looking forward to working with Simon again. I believed that I had built a good relationship with him during the previous session and that this would enable him to talk freely with me.

**What occurred prior to the responses given below:** When Simon arrived for this session he looked pale and was very subdued. During the first 15 minutes of our time together his body looked tense and he seemed reluctant to talk. After a few minutes of silence, I felt as though he had put a barrier between us and I spoke.

**F1** Seems like there's a barrier between us. (Said quietly.)

**S1** *Ah what ... what da ya mean? (I thought he sounded defensive.)*

**F2** Like we're separated by a barrier. (I used my hands to suggest a barrier.)



- S2** *Separated? (Said with non-verbals that suggested disbelief and questioning. I felt very shut out from Simon now.)*
- F3** Yes, I feel shut out by an invisible barrier. Sometimes you open it up a ...  
(Simon interrupted heatedly.)
- S3** *No, no, it's a double brick wall with a door in it. The door is usually closed and that's because it keeps me safe.*
- F4** That brick wall's important to you!
- S4** *It sure is!*
- F5** It protects you. (Simon started to talk freely and easily after this.)
- S5** *Yes, it does ... (He went on to explain how vulnerable he would feel without the wall, and then started to cry. I waited.) ... You see, I've been hurt too much in the past, and I'm scared that if I'm me, if I'm really me, and open up, then I'll be rejected again.*
- F6** The barrier protects you from the pain of rejection. (Long pause.)
- S6** *It also prevents me from getting into a relationship and I'm not sure that I like that. (Said carefully, slowly and firmly.)*
- F7** You don't sound sure about whether you want the barrier or not.
- S7** *Well, it would be hard to tear it down. I'm so used to it now. You know, I realise that the barrier's been there for a long time now. Goodness knows what might happen if I didn't have it there.*
- F8** It would be risky to tear it down.
- S8** *It would. (He paused to think for what seemed a long time. I had difficulty staying silent because I wanted to tell him what he was discovering for himself.) ... You know, I would get hurt for sure, and what's worse, I'd have to take responsibility for the ways I hurt the women I get close to. (He laughed.) That's worse. That's worse! I can't bear it when I hurt someone I love.*
- F9** Getting close involves lots of hurt. (He interrupted, fortunately, before I was able to take him off track by suggesting getting close could also involve pleasure. I was bursting to tell him!)
- S9** *Yes, it seems like that to me ... (He then told me in detail about his pain at losing his wife. He couldn't understand how he hurt so much when he had left her.) ... It's not over yet. How can I still be hurting after so long?*
- F10** I get the impression that you're still grieving.
- S10** *I should be over her by now! (Said despairingly.)*
- F11** It takes time to grieve. Can you give yourself time?

From here on the process flowed naturally as he dealt with his grief. I got the strong feeling that his barrier would gradually disintegrate as he worked through his grief.



**My feelings after the session:** I felt good because Simon had moved forward to a fuller awareness of himself and his behaviour. Additionally, I realised that I had been infected by some of his sadness.

**What I have learnt from the session (or things I would do differently another time):** I learnt that it was helpful for Simon when I shared with him my own feelings (of separation, see F1, F2 and F3). Because he interrupted (F9 and S9), I discovered that it was better to follow his path. If I had brought the focus on to the pleasure associated with closeness, then I would have made it more difficult for him to address the underlying issue of his grief. I learnt that my desire 'to make him feel good' could have been counter-productive. I'm pleased he interrupted and prevented me from doing this.

### Structure of the verbatim report

As you will see from the example of a verbatim report, the report begins with background information about the person seeking help, their problems and their emotional state. The first part of the report may also summarise the process and outcome of previous counselling sessions.

The next section of the report concerns the counsellor's own feelings and attitudes prior to the counselling session. This information is required because a counsellor's behaviour and performance are often influenced by their mood, feelings generally, and feelings towards the person seeking help, and their preconceived ideas and attitudes concerning them and their behaviour.

A central component of the verbatim report is the section containing statements made by the person seeking help and counsellor responses. This section usually contains only about 10 to 20 responses from each person. It would be very laborious to write out a transcript of a substantial part of a counselling interaction and this is unnecessary. Preferably the trainee counsellor will select a portion of the session that demonstrates some important learning or highlights some difficulties. Often a new counsellor will find that a part of the interaction seems to 'go wrong' inexplicably. Such a segment provides ideal material for a verbatim report and subsequent discussion in supervision. Notice that responses are numbered and identified by the initial letter of the person's name. For example, statement F7 is Fiona's seventh in the report. After each statement other significant information is recorded, in parentheses, including non-verbal behaviour, silences and the feelings and thoughts of the counsellor.

Immediately before the verbatim record of the conversation is a description of what occurred in the earlier part of the session, and immediately after the record of the conversation is a brief description of what occurred in the remaining part of the session. These descriptions are required so that the statements that are recorded verbatim are seen in the context of the whole session.



The verbatim report concludes with sections that describe the counsellor's feelings after the session and what they have learnt for the future. It is then signed.

### **The value of verbatim reports**

Verbatim reports enable a supervisor to tap into trainee issues that might have blocked them from satisfactorily helping a person to work through their issues. Such reports also enable the supervisor to identify unsatisfactory processes and inappropriate counsellor responses, and to help the trainee discover better ones.

### **CONFIDENTIALITY**

Audio-recordings, DVD-recordings and verbatim reports require the same level of protection as other records concerning people seeking help in order to ensure that confidentiality is preserved (see Chapter 39). It is essential that electronic records of counselling conversations and reports are not left in places where they might fall into the hands of unauthorised persons.

### **In conclusion**

By using any of the methods described in this chapter, a supervisor can help a new counsellor to improve their skills and to understand the process that occurred during a particular counselling session. This chapter has discussed ways in which you may be supervised as a new counsellor. Your initial training is just the beginning, and there is no end to the ongoing need for further training. A good counsellor never stops learning from their own experiences and from what others can teach them. In order to improve, it is essential to continue in supervision even as an experienced counsellor.

The counselling strategies described in this book are the basic ones. Once you have mastered them, you may wish to continue to learn from experienced counsellors who have advanced skills or who are skilled in specialised counselling techniques. We believe that ongoing training can best be carried out through experiential training in workshops and seminars, together with hands-on experience under the supervision of a qualified and experienced practitioner.

**Ongoing supervision is the key to good counselling**



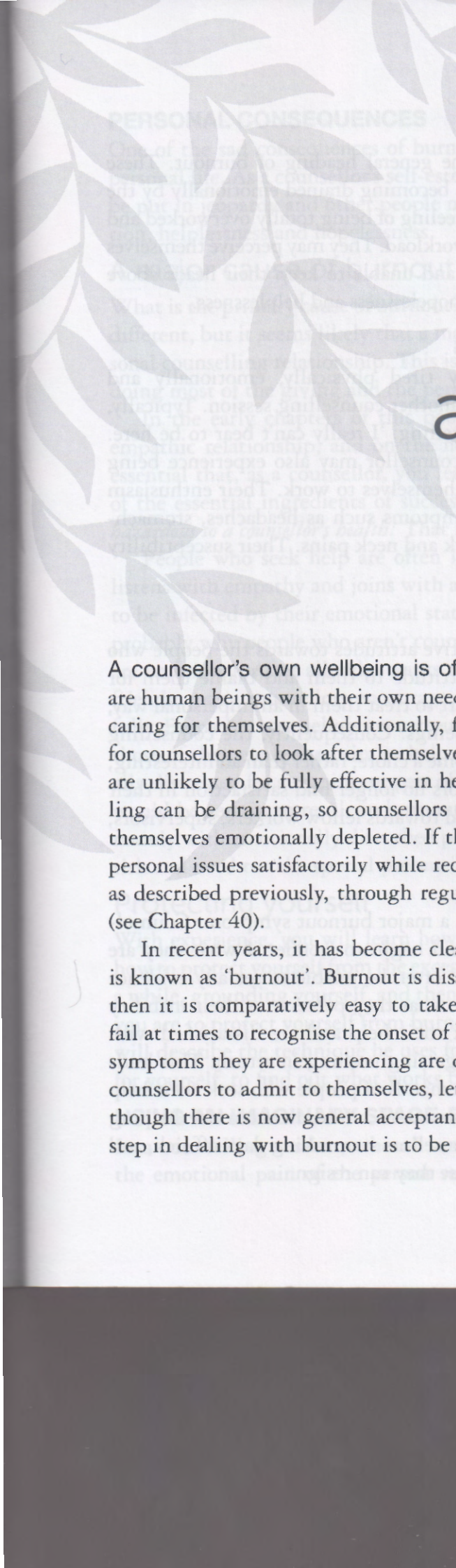
## Learning summary

- Counsellors need to complete an accredited course of study and training, have ongoing supervision, and meet the requirements of the relevant counselling body in their state or country (PACFA or ACA in Australia).
- Counsellors are bound by a code of ethics determined by the relevant professional body.
- It is essential for new counsellors to have adequate supervision.
- A counsellor's own unresolved issues may adversely affect the counselling process.
- Common supervision methods involve direct observation, observation using a closed-circuit TV, audio- or DVD-recording and analysis, and use of verbatim reports.

## FURTHER READING

- Bor, R. & Watts, M. 2010, *The Trainee Handbook: A Guide for Counselling & Psychotherapy Trainees*, 3rd edn, Sage, London.
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# Chapter 41

## Looking after yourself

A counsellor's own wellbeing is of paramount importance. Firstly, counsellors are human beings with their own needs, so it is appropriate for them to be sensible in caring for themselves. Additionally, from a professional point of view, it is essential for counsellors to look after themselves, because counsellors who are not feeling good are unlikely to be fully effective in helping the people who seek their help. Counselling can be draining, so counsellors need support, otherwise they are likely to find themselves emotionally depleted. If they are to feel good they must resolve their own personal issues satisfactorily while receiving the support they need. This can be done as described previously, through regular supervision from an experienced counsellor (see Chapter 40).

In recent years, it has become clear that all counsellors at times experience what is known as 'burnout'. Burnout is disabling, but if it is recognised in its early stages, then it is comparatively easy to take remedial action. Even experienced counsellors fail at times to recognise the onset of burnout and try to convince themselves that the symptoms they are experiencing are due to some other cause. It is difficult for many counsellors to admit to themselves, let alone to others, that they are burning out, even though there is now general acceptance that burnout is a common problem. The first step in dealing with burnout is to be aware of the symptoms.



## Burnout symptoms

There are many symptoms that come under the general heading of burnout. These symptoms give an indication that a counsellor is becoming drained emotionally by the counselling work. Counsellors may experience a feeling of being totally overworked and

**Every counsellor is at risk of burnout** of having no control over their workload. They may perceive themselves as swimming against the tide and unable to keep their heads above water. This leads to feelings of hopelessness and helplessness.

### PHYSICAL AND EMOTIONAL SYMPTOMS

Counsellors experiencing burnout are usually tired physically, emotionally and mentally. They start to feel that they can't face another counselling session. Typically, a counsellor may say to themselves while counselling: 'I really can't bear to be here. I wish this person would just go away'. The counsellor may also experience being physically debilitated and find it hard to drag themselves to work. Their enthusiasm has evaporated and they may have physical symptoms such as headaches, stomach-aches, skin disorders, high blood pressure or back and neck pains. Their susceptibility to viruses and other infections is increased.

### NEGATIVE ATTITUDES

Burnt-out counsellors may develop strong negative attitudes towards the people who seek their help. They may develop a cynical attitude to them and blame them for creating their own problems. They may even start to treat them in an impersonal way, as though they were objects and not human beings. Consequently, the counselling relationship will suffer and counselling will become a chore, rather than an interesting, challenging and creative activity. Such counsellors no longer find satisfaction in their work. Negative attitudes may also be experienced towards fellow workers, supervisors, other staff and the employing organisation.

### DISILLUSIONMENT

Disillusionment with the counselling process is a major burnout symptom. Counsellors start to question the value of their work and begin to wonder if what they are doing is worthwhile. Burnt-out counsellors will often be unable to see any evidence of success in their work. They feel frustrated by what they perceive as their inability to bring about change in the people who seek their help and are dissatisfied with their job, believing that it involves giving and getting nothing in return. This leads to feelings of failure and low self-esteem. The demands of people who seek their help become too great and the counsellor may just want to withdraw from the helping situation. In the advanced stages of burnout, counsellors start taking days off sick, and may start frantically looking for a new job so that they can resign.



## PERSONAL CONSEQUENCES

One of the sad consequences of burnout is that it is likely to affect the counsellor's personal life. As a counsellor's self-esteem diminishes, their personal relationships may be put in jeopardy and other people may become targets for feelings of anger, frustration, helplessness and hopelessness.

## A major cause of burnout

What is the primary cause of burnout? Well, we can't be certain, and all counsellors are different, but it seems likely that a major cause of burnout is the stress of the interpersonal counselling relationship. This is an unbalanced relationship, with the counsellor doing most of the giving and the person seeking help doing most of the receiving.

In the early chapters of this book, heavy emphasis was put on establishing an empathic relationship, and on the need to join with the person seeking help. It is essential that, as a counsellor, you learn to do this effectively, because *empathy* is one of the essential ingredients of successful counselling. However, *being empathic can be hazardous to a counsellor's health!* That is, unless proper precautions are taken.

People who seek help are often in a highly emotional state, and if a counsellor listens with empathy and joins with an emotional person, then the counsellor is likely to be infected by their emotional state. Emotions, like viruses, are catching, which is probably why people who aren't counsellors try to calm their friends down when they are emotional. After all, who wants to be emotionally distressed? In contrast to most friends, many counsellors encourage people to experience and express their emotions fully. Empathic counsellors are certain to experience, at some level, emotions similar to those of the people they aim to help. Clearly, no counsellor can afford to be emotionally distressed for a significant part of the working day, because to allow this to happen would be certain to result in burnout. Counsellors who are working mainly with emotionally disturbed people are therefore very much at risk and need to take special precautions to avoid burnout.

**Emotions can  
be infectious!**

## Protecting yourself

With experience, you will learn how to walk beside a person with empathy and also how to protect yourself from the excesses of emotional pain by at times moving back for a while, grounding yourself, and then joining more fully with them again. Certainly, if you are to protect yourself from burnout, you will need to learn how to do this. David will describe the technique he uses for himself, and then you will need to experiment for yourself, to find out what works best for you.

## USING AN IMAGINARY SPACE-BUBBLE

In a counselling session, when I notice that I am starting to excessively experience the emotional pain of the person seeking help, I will set about grounding myself.



This grounding process takes only a second or two to happen, but will take longer to describe.

I imagine myself to be encapsulated by a plastic space-bubble that separates me from outside emotions, but enables me to observe them, and allows me to respond to them appropriately. I then slow down my breathing and relax my body, so that my troubled emotional state is replaced by a more peaceful state. In my imagination, I float, in the space-bubble, upwards and backwards to a position several metres behind and above my body. It is as though the part of me in the bubble is able to observe both the person seeking help and the physical me, which is still sitting in my counselling chair. I am still able to concentrate fully, but am more detached and less involved. In this position, I can make sensible decisions with regard to the counselling process. However, I can in a split second travel back in my imagination to my counselling chair, to give empathic attention and empathic responses to the person seeking help.

**If you are becoming overwhelmed, move back to a more objective position**

ling chair, to give empathic attention and empathic responses to the person seeking help.

The imagination is a powerful thing, and I have trained myself to relax quickly, when necessary. You will need to experiment for yourself, to devise an effective way in which you can protect yourself from emotional damage due to exposure to excessive emotional pain.

Despite the above discussion, there will inevitably be times when, as a counsellor, you *are* affected by the emotional traumas of the people who seek your help, as at times I am. Personally, I don't think that it is helpful to let a person know that I have been emotionally affected by what they have told me. Most people are caring and do not like to upset others. Consequently, if a person thinks that I have been emotionally disturbed by what I have heard, then they may be less likely to tell me about other disturbing information. Counsellors therefore need to control the expression of their own emotions appropriately, so that the people who seek their help feel able to talk freely.

### RECHARGING

If you are left in an emotionally disturbed state after a counselling session, talk to your supervisor about your feelings as soon as possible. If your supervisor isn't available you may need to talk with another counsellor. If another counsellor isn't available, another alternative is to debrief by writing down your feelings and thoughts and allowing yourself to express your emotions in an appropriate way. Remember: the counselling relationship is substantially a one-way relationship, in which the counsellor is the giver and the person seeking help is the taker. Such a relationship will inevitably drain the counsellor of emotional energy. Unless a counsellor recharges, they will experience the symptoms of burnout as they become drained.



## Other factors that lead to burnout

### **OVER-INVOLVEMENT**

It is sensible to be aware of the dangers of over-involvement with the people who seek your help and their issues. We all have different personalities and differing capabilities for coping with emotionally stressful situations. Some counsellors get over-involved with the people who seek their help and take their problems home with them, whereas other people are more philosophical and are less affected by their counselling work. A while ago, while working at a crisis counselling agency, David trained himself so that when he left his place of work, he would allow himself to think about material related to people who were seeking his help only until he reached a particular set of traffic lights. Once he had passed these lights, he gave himself the option of going back to work to think about his counselling work, or of thinking about other things and continuing his journey home. He invariably continued his journey.

### **SUICIDAL PEOPLE**

Experienced counsellors who offer help to suicidal or violent people have an extremely stressful time and are particularly prone to burnout. A counsellor who has a high case load of people who have suicidal thoughts or intentions has little option but to accept that, even with the use of properly accountable practices, eventually one of the people they are aiming to help may succeed in killing themselves. This knowledge creates anxiety in the counsellor and increases the likelihood of burnout. Remember that it is not appropriate to blame yourself for what you are unable to prevent. Protect yourself, as a new counsellor, by ensuring that such people are referred for appropriate professional help.

### **ISOLATION**

Being isolated and working alone puts a counsellor at increased risk of burnout, because of a lack of peer support during the working day. After all, if we are being drained of our energy, we need to be able to get some back by interacting with others who can meet with us in more equal two-way relationships.

### **PERSONAL STRESS**

A stressful personal life is almost certain to make a counsellor more susceptible to burnout because of diminished emotional resources.

## Combating burnout

As stated before, many counsellors are afraid to admit to themselves, let alone to other people, that they are starting to experience burnout symptoms, because they feel that it would be an admission of failure. This is understandable for many reasons. Firstly,



most of us have learnt from childhood to appear to be strong enough to cope with our load, whatever that may be. This learning is based on a myth that human beings are inexhaustible, which is obviously not true. Secondly, new counsellors invariably start counselling with very high ideals and unrealistically high expectations of what they will be able to achieve.

### HAVING REALISTIC EXPECTATIONS

Our own experiences as counsellors lead us to believe that usually the outcomes of counselling interventions are helpful for the person seeking help. However, there are times when a person does not seem to be helped by the counselling process, and when this does happen it would be easy for us to become disillusioned. At times like this we remind ourselves of the need to look at the overall picture.

Outcomes for people who seek counselling help are often different from what the counsellor would prefer, and it is therefore necessary to have realistic expectations in order to avoid disillusionment. The idealism of the new counsellor can easily be eroded and lead to later dissatisfaction if unrealistic expectations are not fulfilled.

Giving with no expectation of return, caring for people unconditionally, and being dedicated to counselling work are all attitudes that are implicitly absorbed as part of many counsellor training programs. These attitudes conflict strongly with feelings that may be experienced during burnout. It is therefore not surprising that counsellors find it difficult to own burnout feelings.

### ACCEPTING THAT BURNOUT IS NORMAL

It is strongly recommended that counsellor training programs always include education for trainee counsellors about the inevitability of burnout occurring at times, even in the most dedicated counsellor. If counsellors realise that burnout feelings do occur in normal, competent, capable and caring counsellors, then they will be able to start accepting their own burnout feelings and to share those feelings with their peers and other professionals.

**If we accept  
that burnout is  
inevitable we  
can deal with it  
appropriately**

Burnout comes in cycles and it is helpful to expect these cycles to occur. It is healthy to say, 'Ah-ha, I'm starting to recognise some of the symptoms of burnout'. By making that simple statement, a counsellor is able to admit truthfully what is happening and is then empowered to take the necessary action to deal with the problem.

Most counsellors start their job with some feelings of nervousness, but very soon this is followed by enthusiasm and excitement. However, it doesn't take long for other feelings to set in. These may be feelings of stagnation and apathy, or even of frustration and annoyance. In other words, the counsellor's initial enthusiasm and excitement



will, from time to time, be replaced by feelings associated with burnout. In the same way, by using sensible burnout management techniques, the initial enthusiasm about counselling can be re-experienced.

### ACTIVELY DEALING WITH BURNOUT

Quite often people will look for a new job or resign as a result of burnout. That is one way of dealing with it, but it is not necessary to do that if you recognise the symptoms early enough and do something positive to deal with them. Experiencing burnout is not a disaster if it is recognised and dealt with effectively. For a counsellor, dealing with burnout can be compared to a car owner servicing a car. The car needs to be serviced regularly or the car will not function well. Similarly, as a counsellor you need to take steps to continually look after your own needs. If you become aware of burnout feelings, take the appropriate action to recharge yourself, and to regain your enthusiasm and the excitement you experienced at the beginning of your counselling career. This can be done time and again, so you can work as a counsellor for a lifetime if you choose by recharging yourself and starting afresh from time to time.

Here are some suggestions for dealing with burnout:

1. Recognise and own the symptoms.
2. Talk with someone about your feelings.
3. Re-schedule your work.
4. Cut down on your workload.
5. Take a holiday.
6. Use relaxation or meditation.
7. Use positive self-talk.
8. Lower your expectations of yourself, the people who seek your help, your colleagues and your employer.
9. Allow yourself to enjoy life and have a sense of humour.
10. Use thought-stopping to stop worrying about the people who seek your help when not at work.
11. Use your religious or other belief system for support.
12. Care for yourself as a person by doing some nice things for yourself.

Consider some of these ideas. Firstly, it is interesting to note that simply admitting that you are experiencing burnout will affect your behaviour and enable you to cope better. Talking with your supervisor or someone else may also be helpful, as by doing



this you may be able to clarify your options more easily with regard to suitable methods of intervention.

It can be helpful to re-schedule your work so that you have a feeling of being in control. You may need to be assertive if your boss doesn't understand your need for a reduced workload. Reducing your workload may not be sufficient initially, and you may need to take a few days off, to have a holiday or to take some days off to recuperate. Help yourself to feel more relaxed, more in control and fitter. Build into your lifestyle proper times for rest, recreation, exercise, light-hearted relief and relaxation. Doing relaxation

**Take action to  
lead a balanced  
life**

exercises or meditating can be helpful. Use positive self-talk to replace negative self-statements and challenge the negative self-statements you make about others. This involves changing your expectations of yourself, the people who seek your help and your peers.

A useful way to deal with burnout is to take a less serious view of life, to allow yourself to have a sense of humour and to be less intense in your work. Be carefree and have fun. Most importantly, do not take the problems of the people who seek your help home with you. If you do catch yourself doing this, practise thought-stopping. The first step in thought-stopping is to recognise that you are thinking about the problems of the people who are seeking your help when you should be relaxing. Then recognise your choice, to continue thinking about these problems or to focus your attention on something in your present environment. This may involve doing something physical or it may involve concentrating on something specific such as listening to music. Focus all your energy and attention on the 'here and now' to block out the intruding thoughts. Sometimes you may find that the intruding thoughts recur and catch yourself saying, 'If I don't think about this problem now, then I will never deal with it and that will be bad for the person who is seeking my help'. If such a thought comes into your mind, then write a note in your diary to deal with that issue at a particular time when you are at your place of work, and say to yourself, 'OK, at 10 o'clock tomorrow morning, at work, I will devote half an hour to thinking about that problem, but right now I will get on with doing and thinking about things that are pleasant for me'.

Some counsellors find strength in their religious beliefs and gain through prayer and meditation. They find that by doing this they receive an inner strength that enables them to be more effective in their work. Similarly, counsellors with other philosophical belief systems can use their philosophy of life as an aid in combating burnout.

If you care for yourself, and take appropriate action to attend to your own needs by leading a less pressured and more balanced life, then your burnout symptoms are likely to fade and you will be able to regain your energy and enthusiasm. However, if you are like most counsellors, you will have an ongoing struggle with burnout, which will come and go. There will always be times when you will give too much of yourself,



and then need to redress the balance so that your own needs for recharging are adequately met.

## Gaining satisfaction from counselling

If you are pro-active in caring for yourself, then you will be more able to care for others. You will be likely to get satisfaction from counselling and to enjoy being a counsellor. We hope that you, the reader, will gain as much personal fulfilment from counselling as we have. We wish you all the best for your work.

## Learning summary

- Counselling can be emotionally draining for the counsellor.
- Regular supervision is a good way to avoid burnout as it provides an opportunity for resolution of the counsellor's own issues.
- Burnout includes the following symptoms: feelings of disillusionment, being emotionally and physically drained, somatic symptoms, and negative attitudes to people seeking counselling help.
- Burnout comes in cycles, but with self-awareness and adequate supervision recharging can occur.
- Methods for dealing with burnout include:
  - > recognising the symptoms and talking with someone about them
  - > changing your workload or schedule
  - > taking a break
  - > using relaxation, meditation or positive self-talk
  - > lowering your expectations
  - > taking life less seriously and having a sense of humour
  - > using thought-stopping
  - > using your religious or other belief system for support.

## FURTHER READING

- Skovholt, T.M. 2000, *The Resilient Practitioner: Burnout Prevention and Self-care Strategies for Counsellors, Therapists, Teachers and Health Professionals*, Prentice Hall, Upper Saddle River, NJ.
- Wicks, J.J. 2007, *The Resilient Clinician*, Allyn & Bacon, Boston.



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